

Health Share Customer Service

www.HealthShareOregon.org

Call: 503-416-8090 Toll Free: 888-519-3845 TTY/TDD: 711 Fax: 503-459-5749

2121 SW Broadway #200, Portland, OR 97201

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.

You can get this handbook in any way that is best for you. This includes, but is not limited to, different languages, large print, and alternative formats. Oral presentations, sign language interpretation, and Braille are also available. All formats, auxiliary aids, and services are free to members, potential members, and member representatives. You will receive a handbook within 5 business days of your request. Call Health Share Customer Service at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711. Our team will help you get what you need.
www.healthshareoregon.org.

Puede obtener este manual de la forma que más le convenga. Esto incluye, pero no se limita a, diferentes idiomas, letra grande y formatos alternativos. También se ofrecen presentaciones orales, interpretación en lenguaje de señas y en braille. Todos los formatos, ayudas auxiliares y servicios son gratuitos para los miembros, los miembros potenciales y los representantes de los miembros. Recibirá un manual dentro de los 5 días hábiles siguientes a su solicitud. Llame al servicio de atención al cliente de Health Share al 503-416-8090. El número gratuito es 888-519-3845. Nuestro número TTY/TDD es el 711. Nuestro equipo le ayudará a conseguir lo que necesita.
www.healthshareoregon.org.

Вы можете получить данное руководство участника в любом удобном для Вас виде. Включая, в том числе, перевод на другой язык, печать крупным шрифтом и другие форматы. Также доступны устная презентация, использование языка жестов и шрифта Брайля. Все форматы, вспомогательные средства и услуги предоставляются на бесплатной основе для участников, потенциальных участников и представителей участников. Вы получите руководство в течение 5 рабочих дней с момента Вашего запроса. Звоните в отдел обслуживания клиентов программы Health Share по номеру 503-416-8090. Бесплатный номер: 888-519-3845. Наш номер TTY/TDD: 711. Наша команда поможет Вам получить то, что Вам нужно. www.healthshareoregon.org.

Bạn có thể nhận cẩm nang này theo cách phù hợp nhất với bạn. Những cách này bao gồm, nhưng không giới hạn, ở các ngôn ngữ khác nhau, bản in khổ lớn và các định dạng thay thế. Chúng tôi cũng có sẵn các bài thuyết trình bằng miệng, thông dịch ngôn ngữ ký hiệu và chữ nổi Braille. Mọi định dạng, hỗ trợ và dịch vụ phụ trợ đều được cung cấp miễn phí cho thành viên, thành viên tiềm năng và đại diện của thành viên. Kể từ ngày bạn gửi yêu cầu, chúng tôi sẽ gửi cho bạn một cuốn cẩm nang trong vòng 5 ngày làm việc. Vui lòng gọi Dịch vụ Khách hàng Health Share theo số 503-416-8090. Số điện thoại miễn cước là 888-519-3845. Số TTY/TDD của chúng tôi là 711. Nhóm chúng tôi sẵn lòng hỗ trợ để bạn nhận được những điều bạn cần. www.healthshareoregon.org.

你可以以任何最適合你的方式獲得這本手冊。這包括但不限於不同的語言、大字體和替代格式。還提供口頭介紹、手語翻譯和盲文。所有格式、輔助工具和服務對會員、潛在會員和會員代表都是免費的。您將在提出請求後的 5 個工作日內收到手冊。請致電 Health Share 客戶服務部 503-416-8090。免費電話是 888-519-3845。我們的 TTY/TDD 號碼是 711。我們的團隊將說明您獲得所需的資訊。www.healthshareoregon.org

Waxa aad ku heli kartaa buuga tilmaan-bixiyaha si kasta oo adiga kugu habboon. Tan waxa ku jira, laakiin aan ku xaddidnayn, luuqaddo kala duwan, daabacaad wayn, iyo qaabab kale. Soo bandhigid afka, tarjumaadda luuqadda dhegoolaha, iyo indhoolaha ayaa sidoo kale la heli karaa. Dhammaan qaababka, qalabka caawiya dadka iinta leh, iyo adeegyaduna waa u bilaash xubnaha, kuwa xubnaha noqon doona, iyo wakiilada xubnaha. Waxa aad ku heli doontaa buuga tilmaan-bixiyaha inta lagu guda jiro 5ta maalmood ee shaqada markaad codsato. Ka wac Adeegga Macaamiisha Health Share 503-416-8090. Lambarka bilaashka ah waa 888-519-3845. Lambarkayaga TTY/TDD waa 711. Kooxdayadu waxa ay kaa caawin doontaa inaad hesho waxa aad u baahan tahay. www.healthshareoregon.org.

លោកអ្នកអាចទទួលបានសៀវភៅណែនាំមួយនេះតាមវិធីណាមួយដែលសាកសមសម្រាប់លោកអ្នក ។ រួមទាំងមិនកំណត់ អំពីភាសា ការបោះពុម្ពជាអក្សរធំៗ ឬ ក្នុងទម្រង់ជំនួសផ្សេងៗទៀត ។ លោកអ្នកក៏អាចរកបានផងសម្រាប់ ការធ្វើបទបង្ហាញផ្ទាល់មាត់ ការបកប្រែជាសញ្ញា និង ឯកសារជាអក្សរប្រែប្រួល (សម្រាប់ជនពិការ គរ ថ្លង់) ។ ឯកសារតាមគ្រប់ទម្រង់សេវាកម្ម ក្នុងការជំនួយបន្ថែម ត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃ សម្រាប់សមាជិកទាំងអស់។ លោកអ្នក នឹងទទួលបានសៀវភៅណែនាំ កំឡុងពេល 5 ថ្ងៃ នៃថ្ងៃធ្វើការ បន្ទាប់ពីលោកអ្នកបានធ្វើការស្នើសុំ ។ សូមទូរស័ព្ទទៅកាន់ភ្នាក់ងារសេវាអតិថិជនរបស់ Health Share តាមរយៈទូរស័ព្ទលេខ 503-416-8090 ។ លេខទំនាក់ទំនងដោយឥតគិតថ្លៃតាមរយៈទូរស័ព្ទលេខ 888-519-3845 ។ លេខទំនាក់ទំនងសម្រាប់ TTY/TDD មានលេខ 711 ។ ក្រុមការងារយើងខ្ញុំនឹងជួយលោកអ្នកតាមតម្រូវការ ។ គេហទំព័រ www.healthshareoregon.org ។

Puteți primi acest manual în cel mai simplu mod pentru dumneavoastră. Acesta include diferite limbi, scris mărit, sau în alt format. Sunt disponibile și prezentări orale, limbajul semnelor și Braille. Toate formatele, serviciile și ajutoarele auxiliare sunt gratuite pentru membri, pentru membrii potențiali, și pentru reprezentanții membrilor. Veți primi manualul în 5 zile lucrătoare de la data cererii. Sunați la serviciul cu clienții Health Share la numărul 503/416/8090. Numărul gratuit este 888/519/3845. Numărul nostru TTY/TDD este 711. Echipa noastră vă va ajuta cu orice nevoie. www.healthshareoregon.org.

Koj tuaj yeem tau txais phau ntawv qhia no hauv txhua txoj kev uas zoo tshaj plaws rau koj. Qhov no suav nrog, tab sis tsis txwv rau, ntau hom lus sib txawv, luam ua ntawv loj, thiab lwm hom ntawv. Kuj tseem muaj kev nthuav qhia ua lus hais, kev piav tes txhais lus, thiab daim rau neeg dig muag. Txhua hom ntawv, kev pab cuam ntxiv, thiab cov kev pab cuam yog muab pub dawb rau cov tswv cuab, cov tswv cuab muaj feem xyuam, thiab cov neeg sawv cev ntawm cov tswv cuab. Koj yuav tau txais phau ntawv qhia tsis pub dhau 5 hnub ua hauj lwm tom qab koj qhov kev thov. Hu rau Health Share Lub Chaw Pab Cuam Qhua ntawm 503-416-8090. Tus xov tooj hu dawb yog 888-519-3845. Peb tus lej TTY/TDD yog 711. Peb pab neeg yuav pab koj kom tau txais tau yam koj xav tau. www.healthshareoregon.org.

คุณสามารถรับคู่มือเล่มนี้ด้วยวิธีใดก็ได้ที่ดีที่สุดสำหรับคุณ ซึ่งรวมถึงแต่ไม่จำกัดเฉพาะภาษาต่างๆ สิ่งพิมพ์ขนาดใหญ่และรูปแบบอื่น การนำเสนอด้วยปากเปล่า ลามภาษามือและอักษรเบรลล์ก็มีให้เช่นกัน รูปแบบทั้งหมดตัวช่วย และบริการต่าง ๆ ที่ไม่คิดค่าใช้จ่ายสำหรับสมาชิก และสมาชิกที่มีศักยภาพและตัวแทนสมาชิก คุณจะได้รับคู่มือภายใน 5 วันทำการหลังจากที่คุณร้องขอ โทรติดต่อฝ่ายบริการลูกค้า Health Share ที่ 503-416-8090 หมายเลขโทรฟรีของเราคือ 888-519-3845 หมายเลข TTY/TDD คือ 711 ทีมงานของเราจะช่วยให้คุณได้สิ่งที่ต้องการ www.healthshareoregon.org.

आप इस पुस्तिका को किसी भी रूप में प्राप्त कर सकते हैं जो आपके लिए सर्वोत्तम हो। इसमें विभिन्न भाषाएं, बड़े प्रिंट और विकल्पिक प्रारूप शामिल हैं, लेकिन इन्हीं तक सीमिति नहीं है। मौखिक प्रस्तुतियाँ, सांकेतिक भाषा की व्याख्या और ब्रेल भी उपलब्ध हैं। सदस्यों, संभावित सदस्यों और सदस्य प्रतिनिधियों के लिए सभी प्रारूप, सहायक सामग्री और सेवाएं निःशुल्क हैं। आपके अनुरोध के 5 व्यावसायिक दिनों के भीतर आपको पुस्तिका प्राप्त होगी। Health Share ग्राहक सेवा को 503-416-8090 पर कॉल करें। टोल फ्री नंबर 888-519-3845 है। हमारा TTY/TDD नंबर 711 है। हमारी टीम आपकी आवश्यकता के मुताबिक आपको मदद करेगी। www.healthshareoregon.org.

Unaweza kupata kijitabu hiki cha maelezo kwa njia yoyote ambayo ni bora kwako. Hii inajumuisha, lakini sio tu, lugha tofauti, chapa kubwa na umbizo mbadala. Mawasiliano ya mdomo, ukalimani wa lugha ya ishara na breli pia zinapatikana. Miundo yote, usaidizi na huduma ni bure kwa wanachama, wanachama watarajiwa na wakilishi wa wanachama. Utapokea kijitabu cha maelezo ndani ya siku tano za kazi kulingana na ombi lako. Piga Health Share, huduma kwa wateja kwa 503-416-8090. Nambari ya bure ni 888-519-3845. Nambari yetu ya TTY/TDD ni 711. Timu yetu itakusaidia kupata kile unachohitaji. www.healthshareoregon.org.

Možete preuzeti ovaj priručnik na način koji vam najviše odgovara. Ovo uključuje, ali se ne ograničava na različite jezike, štampu velikih formata, kao i alternativnih formata. Usmene prezentacije, interpretacija na znakovnom jeziku i Brailleevom pismu su također mogući. Svi formati, pomagala i usluge su besplatni za članove, potencijalne članove i predstavnike članova. Priručnik će Vam biti dostavljen u roku od pet dana od datuma narudžbe. Možete pozvati korisničku službu Health Care na 503-416-8090. Besplatni broj je 888-519-3845. Naš TTY/TDD broj je 711. Naš tim Vam je na raspolaganju da dobijete ono što želite.

www.healthshareoregon.org

귀하는 이 핸드북을 귀하에게 가장 적합한 방법으로 얻을 수 있습니다. 여기에는 다른 언어, 큰 활자 및 대체 형식이 포함되지만 이에 국한되지 않습니다. 구두 발표, 수화 통역, 점자도 가능합니다. 모든 형식, 보조 도구 및 서비스는 회원, 잠재적 회원 및 회원 대표에게 무료입니다. 요청 후 영업일 기준 5일 이내에 핸드북을 받게 됩니다. Health Share 고객 서비스에 503-416-8090으로 전화하십시오. 무료 전화번호는 888-519-3845입니다. 저희 TTY/TDD 번호는 711입니다. 저희 팀에서 귀하가 필요한 것을 얻을 수 있도록 도와드릴 것입니다. www.healthshareoregon.org.

You can view this handbook online at

www.healthshareoregon.org/members/my-health-plan/member-handbook

When you click the “download handbook” button, an electronic copy will download. By clicking the “download button” you agree to have an electronic copy downloaded to your device. You can get the handbook in any digital form. If you would like a copy emailed to you for free, call Health Share Customer Service. If you approve, they will send it to you.

ደህንን የመመሪያ መጽሐፍ ለእርስዎ በሚመቻ በማንኛውም መልኩ ማግኘት ይቻላል። ደህም የተለያዩ ቋንቋዎችን፣ ትልልቅ ህትመቶችን እና አማራጭ ፎርማቶችን የሚያካትት ሲሆን፣ በዚህ ብቻ ግን አይወሰንም። ከዚህም ሌላ የቃል ንግግሮች/መግለጫዎች፣ የምልክት ቋንቋን ማስተርጓም እና ብራይል ማግኘት ይቻላል። ሁሉም ፎርማቶች፣ አጋዥ መርጃዎች እና አገልግሎቶች ለአባላት፣ ወደፊት አባላት ሊሆኑ ለሚችሉ ሰዎች እና ለአባላት ተወካዮች በነጻ ይቀርባሉ። የመመሪያ መጽሐፉን ለማግኘት ጥያቄ በቀረቡ በ5 የስራ ቀናት ውስጥ መጽሐፉ በእጅዎ ይገባል። ለ Health Share የደንበኞች አገልግሎት በስልክ ቁጥር 503-416-8090 ይደውሉ። ነጻ የስልክ ቁጥር ደግሞ 888-519-3845 ነው። የ TTY/TDD ቁጥራችን 711 ነው። ቡድናችን የሚፈልጉትን በማግኘት ረጅም ማንኛውንም ድጋፍ ይሰጥዎታል። www.healthshareoregon.org.

Mapapasaiyo ang handbook na ito sa paraan na pinakamainam sa iyo. Kasama dito, pero hindi limitado sa, ibat-ibang wika, malalaking printa, at alternatibong mga format. Available rin ang oral na mga presentasyon, interpretasyon sa wikang pasenyas, at Braille. Ang lahat ng mga format, kaakibat na mga pantulong, at mga serbisyo ay libre para sa mga miyembro, potensyal na mga miyembro, at mga representante ng miyembro. Makakatanggap ka ng isang handbook sa loob ng 5 araw ng trabaho mula sa iyong paghiling. Tumawag sa Customer Service ng Health Share sa 503-416-8090. Ang toll-free na numero ay 888-519-3845. Ang aming TTY/TDD na numero ay 711. Tutulungan ka ng aming team na matanggap kung ano kinakailangan mo. www.healthshareoregon.org.

మీరు ఈ హ్యాండ్‌బుక్‌ను మీకు అనుకూలమైన ఏ తీరులోనైనా పొందవచ్చు. ఇందులో వివిధ భాషలు, పెద్ద ప్రింట్, ప్రత్యామ్నాయ ఫార్మాట్‌లు ఉంటాయి, కానీ వీటికి మాత్రమే పరిమితం కాదు. మౌఖిక ప్రదర్శనలు, సంజ్ఞా భాషా వివరణ మరియు ట్రైయల్ కూడా అందుబాటులో ఉన్నాయి. అన్ని ఫార్మాట్‌లు, అనుబంధ సహాయాలు మరియు సేవలు సభ్యులకు, సంభావ్య సభ్యులకు మరియు సభ్యుల ప్రతినిధులకు ఉచితం. మీరు అభ్యర్థించిన 5 పని దినాల లోపు హ్యాండ్‌బుక్‌ని అందుకుంటారు. 503-416-8090 లో Health Share కస్టమర్ సర్వీస్‌కు కాల్ చేయండి. టోల్‌ఫ్రీ నంబర్ 888-519-3845. మా TTY/ TDD నంబరు 711. మీకు కావాల్సిన వాటిని పొందడంలో మా బృందం మీకు సహాయం చేస్తుంది. www.healthshareoregon.org.

يمكنك الحصول على هذا الكتيب بالطريقة التي تناسبك. يشمل هذا على سبيل المثال لا الحصر، لغات مختلفة وطباعة كبيرة وأشكال بديلة. توجد أيضًا العروض التقديمية الشفوية، والترجمة بلغة الإشارة، وطريقة برايل. تكون جميع الأشكال والمساعدات الإضافية والخدمات مجانية للأعضاء المنتميين والأعضاء المحتملين وممثلي الأعضاء. ستتلقى كتيبًا في غضون 5 أيام عمل من تاريخ تقديم الطلب. اتصل بخدمة عملاء Health Share على الرقم 8090-416-503. الرقم المجاني 888-519-3845. رقم TTY/TDD الخاص بنا هو 711. سيقوم فريقنا بمساعدتك للحصول على المعلومات والدعم الذي تحتاج إليه. www.healthshareoregon.org

شما می‌توانید این کتاب راهنما را به هر روشی که برای شما مناسب‌تر است دریافت نمایید. این امر شامل زبان‌های مختلف، چاپ با اندازه بزرگ، و فرمت‌های جایگزین می‌باشد ولی محدود به آنها نیست. ارائه شفاهی، ارائه به زبان اشاره، و فرمت بریل نیز در دسترس می‌باشند. تمام این فرمت‌ها، کمک‌های جانبی، و خدمات برای اعضاء، اعضای بالقوه و نمایندگان اعضاء رایگان می‌باشد. شما طی ۵ روز از زمان درخواستتان یک کتاب راهنما دریافت می‌نمایید. از طریق شماره 8090-416-503 با خدمات مشتریان Health Share تماس بگیرید. شماره رایگان 888-519-3845 می‌باشد. شماره TTY/TDD ما 711 است. تیم ما به شما کمک می‌کند تا آنچه را که نیاز دارید دریافت نمایید.

www.healthshareoregon.org

Office Hours and Holiday Office Closures

Health Share Customer Service

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.

Holiday Office Closures: The call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

Ride to Care

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m.

Holiday Office Closures: The call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

**Health Share of Oregon 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. This includes receiving written material in other formats that work for you (large print, audio, Braille, etc.) If you don't speak English, this also includes free interpretation services and written information/material in the language you speak. Health Share CCO 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 our Health Share Civil Rights Manager one of these ways:

www.healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

Email: info@healthshareoregon.org

Mail: Civil Rights Manager

2121 SW Broadway, Suite 200

Portland, OR 97201

Phone: 503-416-1460 (TTY/TDD 711)

Fax: 503-459-5749

You also have a right to file a complaint with the Oregon Health Authority (OHA) Office of Civil Rights. Contact that office in one of these ways:

Web: www.oregon.gov/OHA/OEI

Email: OHA.PublicCivilRights@state.or.us

Phone: (844) 882-7889, 711 TTY

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750,
Portland, OR 97204

You also have a right to file a complaint with the Bureau of Labor and Industries Civil Rights Division. Contact that office in one of these ways:

Phone: (971) 673-0764

Email: crdemail@boli.state.or.us

Mail: Bureau of Labor and Industries Civil Rights Division,
800 NE Oregon St., Suite 1045, Portland, OR 97232

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

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Email: OCRComplaint@hhs.gov

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

Mail: Office for Civil Rights, 200 Independence Ave SW Room 509F HHH Bldg
Washington DC 20201

Welcome to Health Share

Oregon works with the Oregon Health Plan (OHP) to coordinate your care at a local level. As a member of Health Share you can choose from our network of health plans and service providers. We work with you to make it easier for you to get the most out of your OHP coverage.



Call Health Share to:

- Help you find or change a health plan
- Help resolve issues with your health plan(s)
- Find the right resources so you can get the care you need
- Figure out how to use your benefits



This handbook has information about health plan choices, health care benefits, and more. You can ask for a new handbook at any time. We will mail one to you for free. You can also find a copy online at healthshareoregon.org/handbook. Find doctors, counselors, dentists, and more: healthshareoregon.org/directory. Need a provider list mailed to you? Call 503-416-8090.

Health Share Customer Service

www.HealthShareOregon.org

Call: 503-416-8090 Toll Free: 888-519-3845 TTY/TDD: 711 Fax: 503-459-5749

2121 SW Broadway #200, Portland, OR 97201

Office Hours: Monday-Friday 8:00 a.m.-5:00 p.m. Our office is wheelchair accessible.

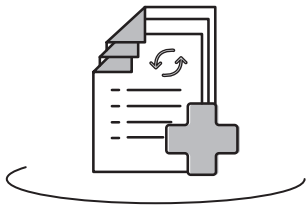
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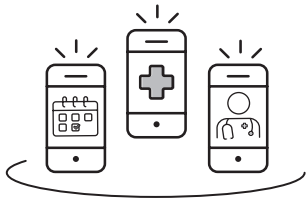
Your Health Plan Options

As a Health Share member, you can choose the health plans and providers that are right for you and your family. No matter which health plans you choose, your benefits are the same and at no cost to you. Health Share Directory: healthshareoregon.org/directory



Change Your Health Plans

To change your medical or dental health plans, call Health Share Customer Service. We'll work with you to find a plan that works for you.



Call Your Health Plans to:

- Make appointments
- Get care
- Find doctors or other health care providers



Medical Plans

CareOregon

503-416-4100 or 800-224-4840 careoregon.org

Kaiser Permanente NW

503-813-2000 or 800-813-2000 kp.org

Legacy Health PacificSource

877-500-2680 communitysolutions.pacificsource.com/HealthShare

OHSU Health

844-827-6572 ohsu.edu/health-services

Providence Health Assurance

503-574-8200 or 800-898-8174 providencehealthplan.com/ohp



Dental Plans

Advantage Dental Services

866-268-9631 advantagedentalservices.com

CareOregon Dental

503-416-1444 or 888-440-9912 careoregondental.org

Kaiser Permanente NW

503-813-2000 or 800-813-2000 kaiserpermanentedentalnw.org

ODS Community Health Dental Plan

503-243-2987 or 800-342-0526 modahealth.com/members

Willamette Dental Group

503-952-2000 or 855-433-6825 willamettedental.com



Mental Health & Substance Use Care

You can receive mental health care and substance use treatment through an in-network mental health provider or your primary care provider and it is covered by CareOregon.

CareOregon

503-416-4100 or 800-224-4840 careoregon.org

Getting Started

Your Health Share ID Card

When you become a Health Share member, we will mail you a Member ID Card within 30 days. Your Member ID Card lists your health plans and their contact information. It also lists your primary care provider (PCP)—that's your main doctor and usually the best place to start for your medical care needs.

Keep your card with you at all times.
You'll need it for:

- Medical appointments
- Dental appointments
- Counseling or other mental health or substance use care
- Prescription drugs
- Emergencies

If you lose your ID card, or need care before you get your card in the mail, call Health Share customer service at 503-416-8090 or 888-519-3845 (TTY/TDD 711).

We can email you a temporary ID card while you wait for a new one.

Sample Health Share ID Card

Name JANE DOE		SEP 2021
Member ID ABC1234		Language ENGLISH
For urgent care, call your PCP 24 hours/day In an emergency, call 911 or go to the hospital For a non-emergency ride, call 855-321-4899		
Health Share of Oregon www.healthshareoregon.org 503-416-8090 or 888-519-3845 TTY/TDD 711		health share Health Share of Oregon

2	Physical Health Plan Physical Plan Name Here 000-000-0000 Rx BIN/Rx PCN: 000000/XYZ Rx Grp: 000000	3	Dental Health Plan Dental Clinic Here 000-000-0000
4	Primary Care Provider (PCP) PCP/Clinic Name Here 000-000-0000	5	Primary Dental Provider (PDP) PDP/Clinic Name Here 000-000-0000
5		Mental Health & Substance Use Plan CareOregon 503-416-4100	

- 1** This is the month and year your card was issued
- 2** Call here for Medical Care & prescription drugs
- 3** Call here for Dental Care
- 4** Call here to make an appointment with your main doctor
- 5** Call here for Mental Health & Substance Use Care

When to call the Oregon Health Plan

The Oregon Health Plan (OHP) is Oregon's Medicaid program. It provides no cost health coverage for people who qualify. In order to make sure you receive vital information about your coverage, please call OHP if you:

- Change your address, phone number or name
- Become pregnant or have a baby
- Have other health insurance coverage
- Want to change your coordinated care organization (i.e. Health Share)
- Move outside of Health Share's service area (Clackamas, Multnomah and Washington counties)

Your Oregon Health ID Card

In addition to your Health Share ID card, you will get a coverage letter and ID card from the Oregon Health Plan. This is your Oregon Health ID Card. This card is for your records. Please keep this card in a safe place.

If you have questions about your Oregon Health ID Card, or need a new one, call OHP Customer Service at 800-273-0557 (TTY/TDD 711).

Sample Oregon Health ID Card

Oregon Health ID	
Jane Doe Client ID #: XX12345XX Date card issued: 08/01/12  	Clients – Coverage questions? Call 800-273-0557. Providers – This card does not guarantee coverage. Verify coverage at: www.or-medicaid.gov/ProdPortal/ or by calling 866-692-3864. Billing questions? Call 800-336-6016.

OHP Client Services

ohp.oregon.gov

Call: 800-273-0557 TTY/TDD: 711 Fax: 503-378-5628 Call wait times vary.

Office Hours: Monday through Friday, 8:00 a.m.-5:00 p.m.

Access to Care

Access to quality health care services is important. It helps you stay healthy and prevent disease. It also helps us achieve health equity. At Health Share, we provide coverage and health services in a timely manner, at a location near you. This means 30 miles or 30 minutes away from you in an urban area. In rural areas, it means 60 miles or 60 minutes away from you. We make sure you can see a provider close by and provide non-emergency medical transportation (trips) to appointments. You can also get reimbursed (paid back for the money you paid) for trips to covered appointments.

We also make sure you have access to dental and behavioral health care, and any prescriptions you need. You deserve to choose a provider you trust and can communicate with, and we will help make that happen. If you need care in a different language or information in a different format, we will help you, at no charge. You have a choice of providers and may access covered services 24 hours a day, seven days a week when medically needed. If you need a plan to help you transition care or coordinate care we can help you. You can get primary care tailored to your needs.

Having access to quality health care services helps you be physically, mentally, and socially healthy. It can also improve your quality of life. Health Share will make a good effort to send written notice about providers who are no longer in network 30 days before the change or within 15 days of notice from the provider. Letters will be sent to members who had the provider as their PCP or who were seen by the provider on a regular basis. Our goal is to make sure that you can access quality care easily, in the way that is best for you.

Different types of care have different timeliness standards. A timeliness standard is when you will get care. This table shows the timeliness standard for each type of care.

Type of Care	Timeliness Standard (When You'll Get Care)
Physical health emergency care	Immediately. Or referred to an emergency room dependent on the condition (issue).
Physical health urgent care	Within 72 hours or as needed per the initial screening.
Physical health well care	Within 4 weeks, unless care coordination rules say differently.
Emergency oral care	Seen or treated within 24 hours.
Urgent oral care	Within 2 weeks.
Routine oral care	Within 8 weeks. Unless there is a documented (written) special clinical reason that makes a period longer than 8 weeks appropriate.
Oral care for pregnant individuals	For dental emergency services, you will be seen or treated within 24 hours. For urgent dental care, you will be seen within one week. For routine oral care, within four weeks, unless there is a documented (written) special clinical reason that would make access longer than four weeks appropriate.
Routine behavioral health	Evaluation within 7 days of the request, with a second visit taking place as clinically appropriate.
Urgent behavioral health care for all members	Within 24 hours.
Behavioral health for opioid use disorder	Evaluation and entry within 72 hours.
Medication assisted treatment	As quickly as possible. It will not be over 72 hours for evaluation and entry.
Specialty behavioral health care for specified types of members	If you fall into one of the services below based on your needs and if a timeframe can't be met because no providers have visits, you will be put on a waitlist. You will be provided (get) fill in services within 72 hours of being put on a waitlist. Interim services must be as close to the type of care you asked for based on the level of care. This may include referrals, methadone support, HIV/AIDS testing, outpatient substance use services, lower risk, substance use residential services, manage withdrawals, and evaluations or other services.

Type of Care	Timeliness Standard (When You'll Get Care)
Pregnant women, veterans, and their families, women with children, unpaid caregivers, families, and children ages birth through five years, children with serious emotional disturbance, individuals with HIV/AIDs or tuberculosis, individuals at the risk of first-episode psychosis, and the Intellectual and Development Disabilities population	Immediate assessment and entry. If interim services are needed because there are no providers with visits, treatment at proper level of care must take place within 120 days from when put on a waitlist.
Behavioral health for intravenous (IV) drug users including heroin.	Immediate evaluation and entry. Admission for services in a residential level of care is required within 14 days of request, or, if interim services are necessary because there are no providers with visits, treatment at proper level of care must take place within 120 days from when put on a waitlist.

Structure and Operations

We may pay providers in different ways to improve how you receive care and to encourage providers to focus on improving your overall health. Members have a right to ask for information about physician payment arrangements. Provider payments or incentives will not impact member's access to benefits or care. To find out more information, call Customer Service at 503-416-8090 Toll Free: 888-519-3845 TTY/TDD: 711

Benefits

As a Health Share member, you are part of the Oregon Health Plan. We help you get the care you need. The Oregon Health Plan has a Prioritized list of Health Services. This list shows what health care services and treatments you can get on OHP. Sometimes, conditions on the list need to meet certain criteria to be covered. You can learn what is covered in this handbook. Or, you can view the Prioritized List at: www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx.

Medical Care & Benefits

If you have questions about when a referral is needed, or how to request one, please call your medical health plan for more information. If you want to access any OHP benefits that are not paid for by Health Share, call OHP Client Services at 800-273-0557 to learn more.

When you become a Health Share member, you'll be assigned to one of these medical health plans. You can choose to change your plan if you want (plan choice depends on availability).



Medical Benefits Include:

- Primary care services
- Doctor visits
- Prescription drugs
- Pregnancy care
- Some vision services
- Most hospital services
- Urgent and emergency care

Your medical health plan can approve or authorize specialty care. They may also give you a referral to specialty care. Call your medical health plan to learn more. You will be notified of any changes in your access to benefits in 30 days or less before the change takes effect.



Medical Benefits

Call your medical health plan (listed on your Health Share ID card) to get care and services. All the services listed below are available to all members.

Doctor Office Visits	Approval/Referral?	Limits to Care?
Primary Care Provider (PCP) visits	No approval/referral required	No limit, but you must be assigned to a PCP
Specialist visits*	Yes, referral required from your provider	Number of visits based on your health plan's approval
Preventative Services	Approval/Referral?	Limits to Care?
Well-child visits for babies, children, and teens	No approval/referral required	As recommended
Routine physicals	No approval/referral required	As recommended
Well-woman visits	No approval/referral required	As recommended
Mammograms (breast x-rays)	Yes, referral required from your provider	As recommended
Family planning	No approval/referral required	No limit
Stop smoking	No approval/referral required	Two quit attempts per year. Contact your medical plan
Sexually transmitted infection (STI) screening	No approval/referral required	No limit
Testing and counseling for HIV and AIDS	No approval/referral required	No limit
Diabetes Prevention	Approval/referral required	No limit
Nutritional Counseling	No approval/referral required	No limit
Tobacco Cessation Services	No approval/referral required	No limit
Case Management Services	No approval/referral required	No limit

*Members who need access to women's health specialists for women's routine and preventative health care services do not need approval before getting care. Also, in these cases, the limit to care for specialists does not apply. There is no limit to this care. If your PCP is not a women's health specialist you may see one in addition to your PCP.

Medical Benefits

Prescription Drugs	Approval/Referral?	Limits to Care?
Many drugs are available with a prescription. A full list of prescription drugs can be found on your health plan's "formulary." To find your health plan's formulary visit: healthshareoregon.org/formularies	You may need preapproval, also called "prior authorization", in addition to your prescription. Your doctor will let you know if you need preapproval.	Limits vary by prescription drug. Contact your medical plan for more info.
Some mental health prescription drugs are paid for by OHP. They are not paid for by Health Share, like other prescription drugs.	Ask your provider about approvals	Ask your provider about limits
Laboratory and X-Ray	Approval/Referral?	Limits to Care?
Blood draw	Yes, approval required	No limit
X-Rays	Yes, approval required	No limit
CT Scans	Yes, approval required	No limit
MRI	Yes, approval required	No limit
Immunization/Shots	Approval/Referral?	Limits to Care?
Vaccines	No approval/referral required	Doctor-recommended vaccines only. Contact your medical plan.
Telehealth Services	Approval/Referral?	Limits to Care?
Telemedical services	No approval/referral required	No limit
Virtual visits	No approval/referral required	No limit
Email visits	No approval/referral required	No limit

Medical Benefits

Pregnancy Care	Approval/Referral?	Limits to Care?
Prenatal visits with your provider	No approval/referral required	No limit
Postpartum care (care for the mother after the baby is born)	No approval/referral required	No limit
Routine vision services (pregnant women qualify for vision care)	Contact your medical plan	Contact your medical plan
Assistance with breast feeding, including breast pumps	No approval/referral required	Contact your medical plan
Labor and delivery	No approval/referral required	Contact your medical plan
Hospital Stays	Approval/Referral?	Limits to Care?
Emergencies	No approval/referral required	No limit
Scheduled surgery	Yes, approval/referral required	Contact your medical plan
Emergency medical transportation	No approval/referral required	No limit
Inpatient rehabilitative	Yes, approval required	No limit
Inpatient habilitative	Yes, approval required	No limit
Inpatient hospital services and visits	no approval/referral required for emergent (urgent) admission. Approval/referral required for routine admission (like a planned surgery)	No limit
Skilled nursing facility (SNF) services	Yes, approval required	Up to 20 days per admission
Chemo	Yes, approval required	No limit

Medical Benefits

Hospital Stays	Approval/Referral?	Limits to Care?
Radiation	Yes, approval required	No limit
Pain management	Yes, approval required. You will be referred to a full pain management program	No limit
Surgical services	Yes, approval required	No limit
Reconstructive surgery	Yes, approval required	No limit
Vision	Approval/Referral?	Limits to Care?
Routine eye exams	Contact your medical plan	For pregnant women and people age 20 or younger only
Eye glasses	Contact your medical plan	For pregnant women, those with a qualifying medical condition and people age 20 or younger only
Medical eye exams	Yes, approval required	Contact your medical plan
Rehabilitation Services	Approval/Referral?	Limits to Care?
Physical therapy (PT)	Yes, approval required	Contact your physical therapist
Occupational therapy (OT)	Yes, approval required	Contact your occupational therapist
Speech therapy (ST)	Yes, approval required	Contact your speech therapist
Other Specialty Services	Approval/Referral?	Limits to Care?
Medical equipment, medical appliances (devices) and supplies (including diabetic supplies)	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Hearing services, hearing aids, and audiology (exams)	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan

Medical Benefits

Other Specialty Services	Approval/Referral?	Limits to Care?
Home health and home visits	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Skilled nursing facilities	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Hospice	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Chiropractor	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Acupuncture	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Hormone therapy / sex reassignment surgery	Yes, approval required	Approval based on OHP guidelines. Contact your medical plan
Care Coordination Services	No approval/referral required	No limit
Prosthetics and orthotics	No approval/referral required	As approved
Intensive Care Coordination (ICC) Services	No approval/referral required. Does include a screening.	No limit
Interpreter Services	No approval/referral required	No limit
Urgent Care services	No approval/referral required	No limit
Non-Emergent Medical Transportation (NEMT) services	Yes, approval required	No limit
Comfort Care Services	No approval/referral required	No limit

Medical Benefits

Specialty Care

- A specialist is a doctor or other health care provider who treats special health conditions. This can be a medical, dental, mental health, or substance use condition (for example, a cardiologist treats heart disease).
- If you think you need to see a specialist, make an appointment with your main medical, dental, mental health, or substance use provider. Look on your Health Share ID card to see who your main provider is for each area of care.
- Your providers are here to support you and will work with you to figure out which special services you need. They will refer you to the right specialist, if needed.
- In most cases, you must see a specialist who works with your health plan. This is called an “in-network” provider. However, sometimes you or your doctor will want to see a specialist who does not work with your health plan. This is called an “out-of-network” provider. In this case, your medical, dental, mental health, or substance use provider will ask Health Share if you can see an out-of-network provider and the cost will be covered.
- If you have already seen a specialist and have questions, make an appointment with your main medical, dental or mental health or substance use provider to discuss your questions. If you or your provider want a second opinion, they will refer you to another specialist. You will not be charged for getting a second opinion.

Transgender Health

Health Share is committed to the health and wellness of all our members. We are here to answer your questions and help you access services covered by OHP, including hormone therapy and some surgical services.



Call us! 503-416-8090 or 888-519-3845 (TTY 711)

Medical Benefits

Pregnancy Care

While health is always important, it is especially important when you're pregnant. Routine prenatal care is important for your health and your baby's health.

Health Share covers:

- Prenatal care (care for you before your baby is born)
- Labor and delivery
- Postpartum care (care for you after your baby is born)
- Care for your newborn baby

Extra Benefits

You can get extra health benefits when you're pregnant, like eye glasses and extra dental benefits. If you become pregnant, please call the Oregon Health Plan (OHP) right away to let them know. This will help us ensure you get all the extra important benefits.

Steps to take when you become pregnant

1. Call OHP and tell them you're pregnant: 800-699-9075
2. Make a prenatal appointment. Call your primary care provider (listed on your Health Share ID card) to make the appointment. If you want, you can pick your own OB/GYN or prenatal care provider from your health plan's network of providers. Your medical plan's provider directory has a list of doctors and midwives to choose from.

Steps to take when your baby is born

1. Call OHP to enroll your baby in OHP coverage: 800-699-9075
2. Choose a primary care provider (PCP) for your baby. Call the medical plan listed on your ID card (your baby will be enrolled on the same plan as you). They can help you find a doctor for your baby.

Medical Benefits

Pharmacy

Health plans use a drug list referred to as a “formulary” to show you what prescription medications they cover. Pharmacists and doctors decide which medications should be on the formulary based on a number of factors. The formulary is updated several times throughout the year. To find your most up-to-date health plan’s formulary, visit: healthshareoregon.org/members/my-health-plan/prescriptions.

When you look at the medication (or drug) list you’ll see both “generic” and “brand” medications. Generic medications use the same ingredients as brand name, and work just as effectively. If you want a brand name medication instead of a generic option, contact your medical plan and request preapproval.

Filling Prescriptions

Our family of plans offer many pharmacy locations and options within Clackamas, Multnomah, and Washington counties. Visit HealthShareOregon.org to learn more.

Contact your medical plan for information about mail order pharmacy options. If you do not see your medication listed on the formulary, call your provider. In many cases, a similar medication should be available. However, if you or your provider believe that none of the medications on your plan’s formulary will work for your condition, you can ask for a preapproval. This means your provider must explain why your medication is medically necessary. Check your medical plan’s formulary to learn what drugs they cover. Medical plan formularies can be found online at: www.healthshareoregon.org/members/my-health-plan/prescriptions If you need a printed copy of your plans formulary, please contact your plan or Health Share Customer Service. For information about mail order pharmacy options during COVID, visit www.healthshareoregon.org/about/blog/your-prescription-medication-when-and-where-you-need-it.

If your health plan doesn’t cover a specific medication, talk to your doctor. They can work with you to figure out a medication that will work for you and is covered by your health plan.

TIP Show your Health Share ID card when you fill prescriptions.

Medical Benefits

Pharmacy Coverage Limits

The following medications are not covered:

- Medications not listed in your plan's formulary
- Medications used to treat conditions that are not covered by OHP
- Most mental health medications are covered directly by OHP, not your health plan (if you have Medicare, you may have a small copayment for your medication).
- Over-the-counter medications, unless you have a prescription from a doctor.

Some medications have limits or rules of coverage. This could mean:

- Using generic medications when available
- Needing preapproval or "prior authorization"
- Age limits
- Quantity limits

Get Prescriptions in Your Language

For prescription medications, you are entitled to receive medication instructions in a language you can understand. Written translated instructions, and oral interpreters are available through pharmacies.

The Oregon Tobacco Quit Line is free to all Oregonians.

Call 800-QUIT-NOW (800-784-8669)
or go to quitnow.net/oregon

**Ready to quit tobacco? The Quit Line
can help you make your own plan.**



SMOKEFREE
oregon

Medical Benefits

Transition of Care while you change plans

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

Who can get the same care while changing plans?

This help is for members who have serious health issues, need hospital care or inpatient mental health care. For example, members who need end stage renal disease care, prenatal or postpartum care, transplant services, radiation, or chemotherapy services. It is also for medically fragile children, and breast and cervical cancer treatment program members. It is also for members receiving CareAssist because of HIV/AIDs. If you may be sent to a hospital or institution without care, it is for you. It is also for new Medicare members. We will honor your preapproved care, services, and prescription drug coverage for a time. This is to make sure you get the help you need. This is true even if your provider is not in the Health Share network. If you need care while you change plans, please call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711) or visit HealthShareOregon.org. You can learn more about transition of care by viewing our Transition of Care policy at healthshareoregon.org/members/get-help/transition-of-care-2.

Health Risk Screening

Soon after you start with Health Share, you will receive a health risk screening from your plan. These help them see if you are at risk for certain health conditions. It can also help them see if you may need care management. Some members may receive one each year. If your condition changes, you may get it more than once per year. Your plan will mail you a form or call you to complete the screening. When you are done, they may share some health resources with you to help. For example, if the screening shows you have diabetes, your plan may send you diabetes management information. If it shows you have special health care needs, your plan will reach out. They may explain care management services and offer them to you. They may also contact your primary care doctor, so you can get the best care. They may also share the results with your other providers. This helps make sure they can support your care. They may also share with Health Share, OHA, and plans for dual eligible members. If you get long-term services and supports (LTSS) and give permission, they may share with your case manager and LTSS provider.

Be Ready for School!

If you have a 5-year-old who will be starting Kindergarten this fall, you can take a few simple steps to help them be ready to learn.

Stay healthy. Keep up with your child's health care appointments (Health Share pays for these services).

- Visit your primary care provider for a check-up
- Get all the immunizations (shots) your child needs to start school
- Get a dental exam and cleaning
- Get a vision screening
- Get a lead test

Practice healthy habits. Make sure your child eats healthy food, exercises, gets lots of sleep, brushes their teeth and washes their hands regularly.

Develop basic skills. Recognize letters, numbers, colors and shapes. Play with and read to your child every day.

Be social. Encourage your child to share, express feelings, practice taking turns, and follow simple directions.

Talk about kindergarten. Before school begins, visit the school and check out the classroom and playground with your child.



Help Me Grow

Advancing Developmental Promotion, Early Detection & Linkage to Services

To learn more,

healthshareoregon.org/health-equity/ready-resilient



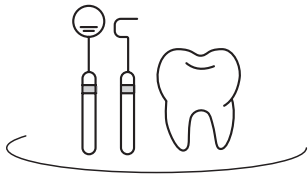
SNAP

SNAP offers food benefits to low-income individuals and families. **To find out if you qualify, and to apply, visit <https://govstatus.egov.com/or-dhs-benefits>**



Dental Care & Benefits

When you become a Health Share member, you are assigned to one of these dental health plans. You can choose to change your plan if you want (plan choice depends on availability).



Dental Benefits Include:

- Teeth cleanings
- Exams
- Fillings
- Dentures and more

Advantage Dental



Dental Benefits

Call your dental health plan or, if you have CareOregon Dental, your primary dental provider (listed on your Health Share ID card) to get care and services. Preapproval from your dental health plan may be required for some services. All services listed below are available to all members with a dental plan.

Dental Benefits	Approval/Referral?	Limits to Care?
Exams, cleanings, x-rays	No approval/referral required	One exam each year for adults Two exams each year for pregnant women and members under 21
Basic restorative care (Fillings)	No approval/referral required	No limit
Dentures and Partial	Yes, approval/referral required	Only available for qualifying members or incidents Call your dental health plan for details
Sealants	No approval/referral required	Every 5 years for children (under 16) with permanent molars
Stainless Steel Crowns	No approval/referral required	Approval based on OHP guidelines. Contact your dental health plan
Extractions (removing teeth)	Approval required for wisdom teeth. May not be required for other extractions.	Call your dental health plan for details
Urgent or immediate dental treatment (Emergency)	No approval/referral required	No limit

Mental Health & Substance Use Benefits

As a Health Share member, your mental health and substance use care are managed by CareOregon. You may receive mental health care and substance use treatment through your primary care provider or through providers in the CareOregon network. Approvals and referrals for some services are required by CareOregon. However, you do not need approval for many mental health services, including Assertive Community Treatment and Wraparound services.



Mental Health & Substance Use Benefits Include:

- Counseling/therapy
- Drug and alcohol treatment
- Detoxification

There are many options for support. Call CareOregon at 503-416-4100 or 800-224-4840 or talk to your PCP to get care and services.



*The easiest way to find
health and human services.*



TEXT
zip to 898211



DIAL
211



SEARCH
211info.org

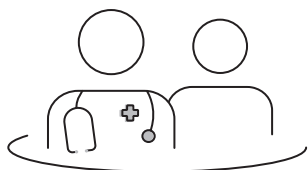
Free. Live. Confidential.

Mental Health & Substance Use Benefits

All services listed below are available to all members with a mental health plan.

Mental Health Services	Approval/Referral?	Limits to Care?
Outpatient counseling/therapy	No approval/referral required	No limit
Specialty mental health services (exceptional needs services)	Yes, approval/referral required	Call CareOregon
Residential Treatment	Yes, approval/referral required	Call CareOregon
Mental health drugs are not covered by your medical or mental health plan. They are covered by OHP. Your pharmacist will know where to send the bill	Contact OHP	Contact OHP
Behavioral Health Services, assessment, and evaluation services (including Assertive Community Treatment services)	No approval/referral required for all members	No limit
Substance Use	Approval/Referral?	Limits to Care?
Outpatient counseling/therapy	No approval/referral required	No limit
Residential Treatment	No approval/referral required. No limit.	Call CareOregon
Emergency Detoxification	No approval/referral required	No limit
Medication Assisted Treatment	No approval/referral required	You may get medication assisted treatment without provider approval for the first 30 days of treatment.

Get the Care You Need



Medical Care

Your primary care provider (PCP) is part of your medical plan (listed on your Health Share ID card).

Your PCP could be a:

- Clinic
- Nurse practitioner
- Physician assistant
- Doctor

Your PCP can help with:

- Regular check-ups
- Prescriptions
- Normal aches and pains
- Ongoing care (such as asthma or diabetes)
- Referrals to specialty care

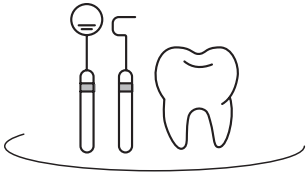
Your PCP should be your first call when you need care.

Healthy Families Begin with WIC

You may qualify for food assistance, nutrition and breastfeeding education, and more.



To learn more, visit oregon.gov/oha/ph/healthypeoplefamilies/wic/Pages/index.aspx



Dental Care

Your dental plan is listed on your Health Share ID card. Your dental provider may also be listed on your ID card. Dental care is just as important as other types of health care.

As a Health Share member, you can get:

- Cleanings
- X-rays and exams
- Fillings
- Dentures, and more

Contact your dental plan to access these services.



Mental Health & Substance Use Care

You can ask your primary care provider (PCP) or call a provider directly about getting mental health or substance use care.

For help finding mental health or substance use care, you can also call CareOregon at 503-416-4100 or 800-224-4840.

These services are available to Health Share members:

- Counseling
- Medication management
- Detoxification services
- Residential treatment

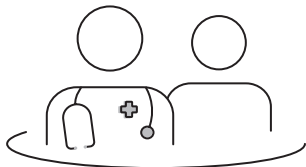
You may need a referral for some of these services.

Telehealth

Telehealth is getting care over phone or video. Now, many providers are using telemedicine for health needs and checkups. Contact your provider to learn what telehealth options they offer.

Be sure to look at the benefits pages (starting on page 26) to learn more about when and how often you can get certain benefits.

Get Care in the Right Place

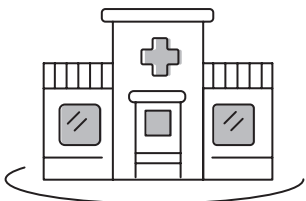


Primary Care Office

Why primary care?

- Regular check-ups
- Immunizations (shots)
- Prescriptions
- Normal aches and pains
- On-going treatment/care (such as for asthma or diabetes)
- Referrals to specialty care
- Mental health services

Call your PCP to make an appointment



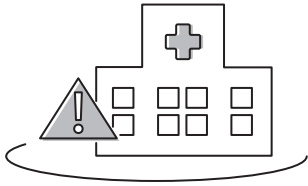
Urgent Care Clinic

Why urgent care?

- Severe flu, fevers
- Minor cuts and injuries
- Other health issues that can't wait for a primary care appointment

Call your PCP with urgent health questions. They can help even after normal office hours, and even if you're away from home.

The medical plan listed on your member ID card works with certain urgent care clinics. Call or visit their website for a full list of clinics. If you have an emergency after-hours, call 911 or your plan provider for urgent care services or advice. You do not need preapproval for urgent care services.



Emergency Room (ER)

What's an emergency?

- Chest pain/heart attack
- Broken bones
- Major bleeding that won't stop
- Mental health crisis (like feeling out of control) that could harm you or someone else

In an emergency call 911 or go to the nearest hospital.

In an emergency, you can go to any hospital. For a list of hospitals Health Share works with, see page 99. You do not need preapproval for emergency services.

Self Referral

Get a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed.

Self-referral means that you do not need to get approval from your Primary Care Physician to access an assessment or service at no cost. To refer yourself, simply call the in-network provider you would like to see and set up an appointment. You can refer yourself for a Behavioral Health Assessment, evaluation services (including sexual abuse exams), Traditional Health Worker services, Indian Health Care services, Women's Health Specialist for women's routine and preventative health care services, Intensive Care Coordination (ICC) services, and Mental Health Services in your provider network. You can also refer yourself for covered family planning services. One example would be contraceptives (birth control). You can use providers in or out of network for covered family planning services and supplies. We do not require (ask) that you get a referral before choosing a family planning provider. If you would like to use an out-of-network provider or service, call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711). We will help make sure that you have everything you need to access (get) your services and supplies. You may also get medication assisted treatment without provider approval for the first 30 days of treatment. You can also get primary care services in a mental health setting and mental health services in a primary care setting without provider approval. To learn more about what mental health services are covered, call CareOregon at 800-224-4840.



Need help getting to Health Care Appointments?

Worried about how to get to your appointments? We can help with that. Call Ride to Care to find out what your options are. Plan a trip to your next health care appointment—it's free and easy. Ride to Care is a Health Share program that provides free trips to health care appointments that we cover. Depending on your needs, you may get help paying for gas, tickets to ride the bus or MAX, or vehicle-provided rides in a taxi or wheelchair accessible van. If Ride to Care is unable to offer any trip options, and you found a ride to a covered appointment, we may be able to pay you back for that ride.

Ride to Care staff, call center staff and drivers are local, and here for you—every day of the week. You can call and book a same-day trip for an urgent appointment. When possible, we ask that you call two or more business days before your appointment. When you call, we will ask if you need us to make any special modifications to your trip based on needs, history, or circumstances.

To get help, contact Ride To Care: 503-416-3955 local 855-321-4899 toll-free
TTY/TDD 711 Or visit www.ridetocare.com

Do you speak a language other than English? Ride to Care offers interpreters if you need one. Interpreters are free for Health Share members.

How to Ask for an interpreter

1. Call Ride to Care at 503-416-3955 or toll-free at 855-321-4899; TTY 711.
2. You will hear menu options. Press 3 to check or schedule a trip for that same day. Press 2 for all other trips. Press 4 to file a complaint or grievance.
3. When a Ride to Care representative comes on the line, say the language that you speak. Stay on the line.
4. An interpreter will join the call.

Important Choose an option first. Then state your language.
For a medical emergency or ambulance, call 911.

You can have a representative. You or they can schedule:

- Trips up to 90 days ahead of time
- Multiple trips at one time. These can be up to 90 days ahead of time.
- Same-day trips

Drivers will:

- Drop you off no earlier than 15 minutes before your appointment.
This is unless you request otherwise.
- Pick you up no more than 15 minutes after the office closes, unless requested.

As a Ride to Care user, you have the right to:

1. Receive safe and reliable transportation services that are appropriate for your needs.
2. Ask for interpretation services when talking to Customer Service and request Ride to Care materials in a language or format that meets your needs.
3. File grievances about your Ride to Care experience.
4. Submit an appeal, ask for a hearing, or ask for both if you feel you have been denied a service unfairly.

As a Ride to Care passenger, your responsibilities include:

1. Treating drivers and other passengers with respect.
2. Calling us as early as possible to schedule, change or cancel your transportation.
3. Using seat belts and other safety equipment as required by Oregon law.

Riders who cause a safety risk or misuse the service may receive a service change. If this happens, we will help you find other options to get to appointments. We will not bill you for transport to or from covered medical services. We will not do this even if we denied reimbursement for the transportation service.

Grievances and feedback

You and your authorized (approved) representative have the right to file a grievance about Ride to Care's services or processes. Some examples of why you can file a grievance are that you did not feel the driver or car was safe. Another is if you were not happy with the services you got. You can file a grievance or submit other feedback by calling Ride to Care during office hours. Within 5 business days a letter will be sent to you. If you feel you have been denied service unfairly, you have the right to an appeal, a hearing, or both. If you are denied a service, Ride to Care will tell you verbally why the request was denied. Before we mail any denial letters, we have a second Ride to Care employee review it. Within 72 hours of denial, we will mail you and the ride provider a letter. We will also mail your healthcare provider a letter, if they requested the trip for you.

For more information about Ride to Care visit RideToCare.com. For an electronic copy of the Rider's Guide visit: www.healthshareoregon.org/members/schedule-ride

Telehealth

Telehealth is getting care over phone or video. An e-visit is another option. This means you can visit your provider online. You may talk to them over the phone. Or, you may see them over video. You do not have to go to their office. You can get care from somewhere else. Many providers and clinics are offering telehealth options. We encourage you to contact your provider to learn what telehealth options they offer. Some plan directories may show that certain providers provide telehealth services. We suggest calling your provider to check if they provide telehealth services.

Each provider uses their own secure telehealth system to provide care. These systems are similar to other video technology you may use, like Zoom.

You need access to a phone, tablet, or computer with a camera and microphone. You will also need a secure WiFi connection. Ask your provider whether Health-Related Services or items are available to support your health care needs. Some programs may assist with the costs of phones and phone plans. To learn more about these visit www.healthshareoregon.org/community-resources.

If you have questions, call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711). You have a right to receive physical, behavioral, and oral health care through telehealth, when medically appropriate. For example, if you need to check in with your provider for a prescription refill, or if you have a question about issues from your last visit, you can use telehealth. Health Share will work with your provider to help make sure you can use telehealth if you need it. This means we will make sure you have what you need to use telehealth services comfortably. It is important to us that you get care in the language you want, in a way that respects your culture. If you speak another language, or are deaf or hard of hearing, we will make sure you get the support you need. Call Health Share Customer Service and we will help make sure you have an interpreter.

Telehealth is one option, but your provider cannot ask that you only use telehealth. If you need an interpreter, or other health care support contact Health Share Customer Service (more information on pg. 63).

Emergencies



You can access urgent and emergency services 24 hours a day, seven days a week without preapproval.

What is a health emergency?

An emergency means that you think your life will be in danger if you don't get help right away. You should not go to the emergency room for routine or urgent care that your primary care provider (PCP) can help with. You do not need permission, or prior approval, for any emergency services. Covered emergency services can include behavioral (mental) health and emergency dental conditions.

What to expect at an urgent care clinic or emergency room

Urgent care clinics and emergency rooms see people with the worst injuries or sickness first. If you go in with a simple health issue, you could end up waiting longer to see a doctor. After you get emergency or urgent care, staff will likely tell you where to go for follow-up care. If they don't tell you, please call your PCP to schedule follow-up care.

Getting care after an emergency

Once you are stabilized after an emergency, providers may give services to improve or resolve your condition. These services are called poststabilization services. They are available for members on a twenty-four (24)-hour, seven (7)-day-a-week basis. These services are covered. To access poststabilization services, call your PCP. If you don't have a PCP, call your plan.

Emergencies outside of Oregon

Though Health Share covers you anywhere in the United States, you should be aware of what can happen if you are traveling outside of Oregon and need urgent or emergency services. Even if we have approved an emergency room visit in another state, this does not mean all providers who give you care are willing to bill Health Share. This means you could receive a bill for those services. Do not ignore bills from people who treated you in the hospital. If you get any bills, Health Share will help you resolve the issue.

Emergencies

Steps to take if possible during an out of state emergency room visit:

1. Make sure you have your Health Share 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 Health Share (Medicaid)
3. Contact Health Share Customer Service. 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 Health Share (Medicaid)
5. If at all possible, have Health Share speak with the providers office while you are there

During emergencies the steps above are not always possible. However, being prepared and knowing what steps need to be taken during an emergency can resolve billing issues while you are still at the providers office in that state. Taking these steps can help you avoid the stress of receiving bills from the provider for services that Health Share will cover.

What should I do if I get a bill?

Please do not ignore medical bills – call us right away. If you get any bills from out of state providers, call us. Some providers send unpaid bills to collection agencies. Some may even sue in court to get paid. It is harder to fix the problem once that happens. As soon as you get a bill for a service that you received while you were a Health Share member, you should:

1. Call Health Share Customer Service 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.
2. If applicable, you can appeal by sending Health Share 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.
3. Follow up to make sure we paid the bill.
4. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

Emergencies outside of the United States

Health Share covers emergency and urgent care any place in the United States. Health Share does not cover emergency and urgent care if you are outside of the United States, like Mexico or Canada.



Dental Emergencies

An urgent care clinic or emergency room are only for very serious problems. If you're not sure, call your dentist or dental health plan before going to an urgent care clinic or emergency room. They will help you make the right choice for your dental problem.

Help after hours

If your dental plan or dentist's office is closed, the answering service will relay your message to the on-call provider who will call you back.

If you don't have a dentist, call your dental plan and they will help you.

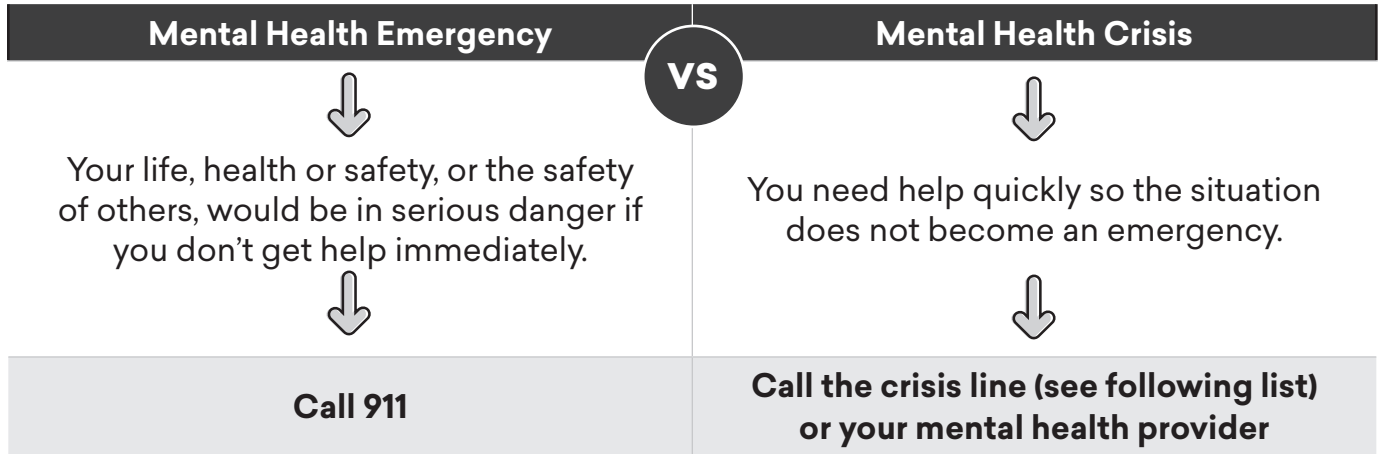
You can find your dental plan's provider directory online at healthshareoregon.org/members/my-health-plan/dental-benefits

You Can Have an Interpreter at Appointments

It is important that you and your family get the care you need in the language you prefer. Interpretation is free of charge and always available to you.

Mental Health Emergencies & Crises

You do not need preapproval for mental health emergencies.



If you have a mental health provider, such as a counselor, they will tell you how to reach them during a crisis. If you are having a crisis, follow the plan you made with your counselor. If you are receiving Intensive In-Home Behavioral Health Treatment, crisis response services are available 24 hours a day.

Mental Health Crisis Lines

Clackamas County Centerstone

(503) 655-8585 (TTY: 800-735-2900)

Multnomah County

(503) 988-4888 or 800-716-9769 (TTY: 503-988-5866)

Washington County

(503) 291-9111 or 800-995-0017 (TTY: 800-735-2900)

Oregon Warmline

800-698-2392 Free to all Oregonians to get confidential support from trained peers.

Oregon Youthline

Call: 877-968-8491 Text: teen2teen to 839863 Free and confidential 24-hour teen-to-teen crises, counseling and referral line for youth.

Suicide & Crisis Hotline

800-SUICIDE (784-2433)

Trans Lifeline

877-565-8860

Lifeline For Vets

888-777-4443

Take Control of Your Care



Get to know your providers

If you are seeing your PCP or other providers for the first time, make an appointment as soon as possible. This way, your providers can learn about you and your health history before you have a health problem.

The more your provider knows you, the better they can help you get the care you need. Remember, this is your time, so make sure to ask all of your questions with your provider. It will also help you avoid any delays the first time you need to use your benefits.

Before your appointment, write down any:

- Questions you have for your PCP or other providers
- History of family health problems
- Prescriptions, over-the-counter drugs, vitamins or supplements you take

TIP Use the “NOTES” worksheet on page 107 to write down questions and info for your PCP and other providers.

Choosing and changing a Primary Care Provider

You will be assigned to a Primary Care Provider. This will happen within 30 days of joining Health Share. It is easy to make an appointment with your Primary Care Provider. Their contact information is listed on your Member ID Card. To change your doctor, dentist, or other care provider, contact your health plan. For everything else, call or email our customer service team at info@healthshareoregon.org or 503-416-8090 (toll free at 1-888-519-3845, TTY/TDD 711).

Making Appointments



Primary Care Appointments

When you don't feel well or need a check-up, call your PCP. They will make an appointment or help you decide what kind of care you need.

When you call your PCP for an appointment, be sure to:

- Call during the office or clinic hours
- Tell them that you are a Health Share member
- Give them your name and Health Share ID number
- Tell them what kind of appointment you need

TIP Call in advance for routine appointments that are not urgent. If you are sick and need to see someone that same day, tell the clinic's staff person.

Availability

You should normally be able to get a routine or follow-up appointment within one month. If you have an urgent issue, you should be able to get an appointment within 2 days. If you have questions about these time frames, please call Health Share Customer Service for help at 503-416-8090 or 888-519-3845 (TTY/TDD: 711).

After-hours care (evenings, weekends and holidays)

Your PCP looks after your care 24 hours a day, seven days a week.

Even if the PCP's office is closed, call the office or clinic phone number. You will speak with someone who will contact your PCP or give you advice on what to do.

Sometimes your PCP may not be available. They will make sure another provider is always available to give you the care or advice you need.

New members who need services immediately

If you're a new Health Share member or new to Medicare you may need medical care, prescriptions (drugs) supplies, or other necessary items or services. If you need any of these during your first month of enrollment and can't meet with a PCP, Primary Care Dentist (PDP) or other provider, we can help. Call Health Share Customer Service at 503-416-8090 or 888-519-3845 (TTY/TDD: 711). We will help you get any necessary (needed) health-related services you need right away. If you are new to Health Share or Medicare, we will help you and give you information. It is important to us that you have a smooth transition.

Making Appointments



Mental Health & Substance Use Appointments

These services can include:

- Mental health assessment
- Case management
- Therapy or counseling
- Inpatient psychiatric care
- Programs that teach life and social skills
- Outpatient and residential substance abuse treatment
- Alcohol and substance use disorder counseling
- Medication assisted treatment for opioid disorders
- Detoxification services

You do not need a referral for routine outpatient mental health or substance use services. Call your provider to make a routine appointment. For additional information, call CareOregon at 503-416-4100 or 800-224-4840 to find someone to meet your needs.



Dental Appointments

- Call your dentist or dental plan during office hours. You can find the phone number on your member ID card or by calling Health Share Customer Service.
- Tell the office you are a Health Share member, which dental plan you are with and why you want to see a dentist.
- Remember to take your Health Share Member ID Card with you to the appointment.

Missing a health care appointment

If you need to miss an appointment, call the office or clinic to cancel as soon as possible. They will help you schedule another appointment, and someone else may be able to use your cancelled time slot. Each clinic has its own policy about when you miss an appointment. Ask your clinic about its policy.

Changing your Provider



Changing Primary Care Providers

If you would like a different PCP than the one listed on your Health Share ID card, please call your physical health plan listed on your Health Share ID card.

Your medical plan can help you find a PCP that is easiest for you to visit. They have the most up-to-date information about which providers are accepting new patients and which providers are not. You may also visit healthshareoregon.org/directory to find providers in your area that are accepting new patients.

TIP When you choose a new PCP, the change happens right away. However, it might take a few days for your new PCP to get information about you. If you or the PCP's office staff have questions about your PCP assignment or plan benefits, please call your medical plan.



Changing Mental Health & Substance Use Providers

If you want a new or different mental health or substance use provider, call CareOregon customer service at 503-416-4100 or 800-224-4840 to find someone to meet your needs. You can also visit www.healthshare-bhplan-directory.com to find a provider in the network.



Changing Dentists

If you would like a different dentist than the one listed on your Health Share ID card, you can choose a dentist from your dental plan's provider directory. You can find their directory online at healthshareoregon.org/directory. You can also call your dental plan's customer service and they will help you choose a new dentist. Or, you may visit healthshareoregon.org/directory to find dentists in your area that are accepting new patients.

Health Share 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 signed up with the Oregon Health Plan. You can find a current list of In-Network providers on our website at healthshareoregon.org/directories. The provider list will tell you if the provider is taking new patients. If you would like for us to mail you a printed copy or to get it in another format (such as other languages, large print, or braille) free of charge, please call Health Share Customer Service at 503-416-8090 (toll free at 1-888-519-3845, TTY/TDD 711).

Frequently Asked Questions

I'm a new member. I have questions. Who can I talk to? Our Customer Service staff is happy to help you. Call Health Share Customer Service at 503-416-8090, toll-free 888-519-3845 or TTY/TDD 711.

How do I change my primary care provider (PCP), dentist, mental health, or substance use provider?

To change your clinics, doctors or other providers, please call your medical, dental, mental health or substance use plans and tell them you want to switch providers. They will let you know what providers are available.

How do I change my medical or dental health plan? To change your physical or dental health plan, please call Health Share Customer Service. *More information: page 18*

I want to see a specialist. What should I do? Talk to your health care provider to figure out if you should see a specialist. If you should, they will give you a referral.

More information: page 32

I want to see a mental health or substance use provider. What should I do? For routine care, you can contact a provider from the directory directly. For more complex care or for help finding the right provider for your needs, call CareOregon at 503-416-4100 or 800-224-4840

More information: page 40

Why was I assigned to a provider when I already have a provider? If you already have a relationship with a provider who is contracted with us, call Health Share Customer Service. We will be happy to update our records.

More information: page 57

Does my plan cover dental services? Yes, OHP provides some dental benefits.

More information: page 38

Who do I call for dental services? Call the dental provider or dental health plan listed on your Health Share Member ID Card.

More information: page 20

Does my plan cover vision services? OHP covers routine vision services for children, pregnant women and for limited medical situations.

More information: page 29

I am pregnant and I want to begin my prenatal care right away. How can I find an OB/GYN who will deliver my baby at a hospital that I choose?

You can find an OB/GYN using the provider directory of your medical plan, or by calling Health Share Customer Service. They can also tell you which hospitals your OB/GYN is associated with.

More information: page 33

If any of these apply, who should I tell?

- I just moved.
- I have a new baby.
- I changed my name.

If you have an OHP caseworker, call them and let them know immediately. If you don't have a caseworker, call OHP Customer Service at 800-699-9075.

More information: page 21

I'm a new member and want to know if my medications are covered. Who should I ask?

Please talk to your doctor about the medications you need or you can check our formulary to see if your medication(s) are listed. If you are new to Health Share and are unable to fill a prescription, you may qualify for a transitional supply. Please call your medical plan to find out if you qualify.

More information: page 34

I don't have a car or access to public transportation. I need support getting to my appointments. Who can I talk to?

Ride to Care provides help to get to health care appointments for members who don't have other options.

More information: page 46

How can I be sure that I can see the doctor or provider I want as an OHP or Health Share member?

Health Share has the largest OHP provider network in Clackamas, Multnomah, and Washington counties. We work with you to build a team that will give you the best care to meet your needs. To choose a new doctor or provider, call your medical plan listed on your Health Share ID Card.

More information: page 20

My provider sent me a bill. What should I do? Don't pay the bill. Call Health Share Customer Service immediately.

More information: page 60

Other Things You Should Know

Paying for Care

Be sure to let your provider's office know right away that you are a Health Share member.

When you schedule your first appointment, tell the staff person that you have Health Share or other medical insurance.

Health Share does not charge you a copay for health care visits. We pay for all covered services. If you are dual-enrolled Medicare member you do not have to pay or share costs. If your provider asks you to pay a copay for your visit or service, do not pay it. Ask your provider's staff to call Health Share Customer Service at 503-416-8090 or 888-519-3845 (TTY/TDD: 711).

Do not pay bills for covered services

If your health care provider sends you a bill, don't pay it. Call Health Share Customer Service right away.

Exceptions

Generally, under Health Share you will not have to pay any medical bills. However, there are a few exceptions. You have to pay if:

- You receive health care services outside of Oregon that are not true emergencies or urgent care.
- A health plan other than Health Share (called a third-party payer) sends you a bill for services performed by a provider that are not covered by OHP.
- You were not eligible for OHP when you got the service.
- You did not tell your provider you are on OHP.
- If you have the Citizen Alien Waived Emergency Medical Benefit (CAWEM). You may be billed for services that are not part of the CAWEM emergency only benefits.
- You asked to have benefits during a contested case hearing. If the final decision is not in your favor, you may have to pay.

- You choose to have health care services that the provider and Health Share tell you are not covered by Health Share. In this case, the provider must:
 - Tell you the cost of each service and that you will be responsible for paying for each service.
 - Ask you to sign a written Agreement to Pay form that says:
 - You were told this information
 - You agreed to pay for non-covered services
 - That the service is not covered by OHP
 - The cost for each service

Once you sign an Agreement to Pay form, your provider may not change the cost. They also must schedule the service within 30 days after you sign.

You must tell your provider that you are a Health Share member. You are protected if you tell your provider you are on OHP.

Health Share Providers

No provider that works with Health Share can bill you. They also cannot send your bill to a collection agency. They also can't sue you for bills that Health Share will pay. You can't be billed for missing an appointment. If your provider makes a mistake you can't be billed for getting care with them. An example of a mistake is if your doctor has not submitted required paperwork.

If Health Share denies a claim payment, you have the right to appeal.

Out-of-network providers

If you get care from an out-of-network provider, Health Share may not cover the entire cost. Sometimes, out-of-network providers may try to bill you for the difference. This is called "balance billing." A balance bill you aren't expecting can be called a surprise bill. Balance billing and surprise billing are not allowed.

To learn more about services that the Oregon Health Authority will pay for, call OHP Customer Service at 800-699-9075. There are some services that Health Share does not pay for, but that the Oregon Health Authority will pay for. Though we don't pay for certain services, we can still help you get care through care coordination. These services include:

- Out-of-hospital birth for members with low-risk pregnancies. This includes prenatal and postpartum care

- Certain long-term services and supports
- Family Connects Oregon services
- Certain drugs for some behavioral health conditions
- Therapeutic group homes for members under 21
- Long term psychiatric care for members 18 or older
- Personal care in adult foster homes for members 18 or older

Care coordinators may be able to help you get certain services, like transportation to appointments. For more information or for a complete list, call Health Share Customer Service at 503-416-8090, or toll free at 888-519-3845 (TTY/TDD 711).

There are some services we don't pay for that the KEPRO Care Coordination Team can help you access. Call the KEPRO Care Coordination Team at 800-562-4620.

These services include:

- Physician-assisted suicide
- Abortions
- Hospice for members who live in a Skilled Nursing Facility
- School-Based Health Services that are covered by the Individuals with Disabilities Education Act
- Services provided to Citizen/Alien Waived Emergency Medical (CAWEM) recipients or Children's Health Insurance Coverage (CHIP) for CAWEM
- Certain requested or authorized (approved) administrative exams

For more information about these services, call OHP Client Services at 1-800-273-0557..

Health Share will provide information about how you can access non-covered services.

We will help you get a ride to an appointment. We make sure that your ride is safe, on-time, and meets your needs. Sometimes, we may use Health Related Services to help meet your needs. For more information about non-covered services, call Health Share Customer Service at 503-416-8090.

Health Related Services

Staying healthy requires more than good health care. Health education, food, shelter supports, and communication services that help you keep in touch with your care team are all key to your health. You can use health-related services to supplement your covered benefits. There are two types of health-related services: community benefit initiatives and flexible services.

Community benefit initiatives support interventions to improve the health of the community and the quality of health care. A diabetes health education program is an example of a community-level intervention. Another is the creation of a farmer's market in a neighborhood that does not have many grocery stores.

Flexible services are items or services like temporary lodging, supplemental food, an air conditioner during very hot weather, or a cell phone and service plan so you can keep receiving telehealth care from your provider. To request a flexible service, contact your healthcare provider. This may be a Primary Care or Behavioral Health Provider, or another provider that helps with your care. If you have questions about flexible services, you may also contact your health plan. Care Coordinators at your health plan can help you work with a provider to submit a request.

CareOregon: 503-416-4100

Kaiser Permanente: 503-721-6435

Legacy | PacificSource: 888-675-0350

OHSU Health: 844-827-6572

Providence: 503-574-7247

If your request for a flexible service is not approved, you will get a written notice. If this happens, you can file a grievance (complaint) with your health plan. You can also file a grievance with Health Share. If the item or service is not approved, you may not appeal or request a hearing.

If you have questions about either community benefit initiatives or flexible services, please contact your health care provider or call the Health Share Customer Service team at 503-416-8090.

Do you or your child need an interpreter?

Everyone has a legal right to get information in a language you can understand. It is your legal right to have an interpreter at your medical, dental, and mental health and substance use appointments. It is also your right to get some written information in a language you can read. This is free of charge and always available to you.

When you call for an appointment, tell your provider's office that you need an interpreter. Tell them which language you need. Or you can call Health Share Customer Service at 503-416-8090 (TTY/TDD: 711) and we can help you get an interpreter for a medical appointment.

If you need sign language interpretation, tell the clinic staff or call Health Share Customer Service. They will make sure there is a sign-language interpreter at your appointment. There is no cost to you for this service.

Culturally Relevant Health Education

We want everyone to feel welcome and well served as a member of Health Share. We want to make sure our services meet the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientations, and more.

Your provider or clinic can make adjustments to your care based on cultural values, language, religion, gender, or other concerns you might have. If you have any questions, call Health Share Customer Service at 503-416-8090 (TTY/TDD: 711).

Care Outside the United States

Health Share will not cover any health care you receive outside of the United States. This includes Canada and Mexico.

New Technology

OHP decides if new technologies or new uses of current technologies are included in your benefit package. If you don't know if a service is covered, please call Health Share Customer Service.

Intensive Care Coordination Services

Intensive Care Coordination Services (ICCS)—formerly called Exceptional Needs Care Coordination—can help you if you are disabled, or if you have:

- Multiple chronic conditions
- High health care needs
- Special health care needs

For example, you may benefit from ICCS if you:

- Have a high-risk pregnancy
- Have HIV/AIDS or tuberculosis
- Are a veteran

ICCS helps Health Share members who are older, or have special needs or disabilities, to:

- Understand how your health plan works
- Find a provider who can help you with your special health care needs
- Get a timely appointment with your PCP, specialist or other health care provider
- Get needed equipment, supplies or services
- Coordinate care among your doctors, other providers, community support agencies and social service organizations

Call your medical plan. They will put you in touch with a staff member who is specially trained to meet your particular needs. You don't need prior approval for these services.

Other people who help you with your care (like your doctor, or a caseworker) can also call. Your medical plan also contacts new members when they first enroll in Health Share to ask some basic questions about your health (this is called a Health Risk Screening).

These help us give you the best care. You can self-refer for a Health Risk Screening for ICCS. Learn more about Health Risk Screenings on pg. 36. If your answers to those questions show that you might benefit from ICCS, your medical plan may refer you automatically. Your plan may also refer you if they see things that suggest you may be having problems with your health (like going to the emergency room a lot, or getting a new diagnosis of a serious medical condition).

You will first receive an assessment for ICCS. This will help your plan decide if ICCS is the right service for you, and what needs you may have that can be helped through ICCS. A staff member who is specially trained will review your medical records. They may also contact you and ask questions about your health, your living situation, and challenges you may be facing. If your plan decides that you should be signed up for ICCS, a Coordinator will be assigned to you within three (3) business days, and will contact you within five (5) business days after you are signed up to let you know about your ICCS services.

Once you start ICCS, you and your Coordinator will work together to create a Care Team. These are people who help you with your health and other needs, and it includes both you and your Coordinator from your plan. The Care Team can include people like your doctor, your dentist, your mental health counselor, your caseworkers, family members or friends who support you, and anyone else who you think might help meet your goals. You, your Coordinator, and your Care Team will then work together to create a Care Plan, which is a list of the goals that you hope to meet through ICCS to improve your health, and what steps will be taken to meet those goals. Your Care Plan can have

goals related to your medical, social, cultural, developmental, behavioral, educational, spiritual, and financial needs. Each member of your Care Team will have a role in helping you meet your goals. Your Care Team will also meet together regularly to review your Plan, and to add, remove, or change goals to make sure your needs are still being met.

Your care plan will be made within 10 days of enrollment. It will be updated every 90 days. It can be updated sooner if your needs change. You can use services Monday through Friday, from 8 a.m. to 5p.m. When you get services, Health Share will make sure you have your ICC Care Coordinator's name and telephone number. If you have a member representative, they will get this information too. If you have questions, call Health Share Customer Service at 503-416-8090 (TTY/TDD: 711).

Care Coordination

All members have access to Care Coordination services. Care Coordinators can help you understand how to get care and use your benefits. They also coordinate with your plan and providers to help you get the care you need. Your Care Coordinator can serve as your main point of contact to get health care and social services. Social services may include housing, a job, and food assistance. They will help you get the care that works best for you. Health Share will work with your Care Coordinator to make sure you get the care you need. When you become a Health Share member, your health plan will contact you. They will help get you started with Care Coordination services. Health Share will work with your Medicare plan. Our Medicaid care coordinators will connect with Medicare care coordinators when needed.

Multiple levels of care coordination are available, depending on your needs. This is to make sure your care includes your physical, behavioral, and oral health needs. Care Coordination is also available for Dual Eligible Members and we will work closely with your Medicare plan. A Care Coordinator can help you access services covered by Health Share and help you understand your Medicaid benefits.

Contact your physical, dental, or behavioral health plan to ask about care coordination. They will help you. If you have questions, call Health Share Customer Service at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711.

Early and Periodic Screening, Diagnosis, and Treatment

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, also known as "well-child" visits, are medical exams (visits) for children. They give care to all children. This means from birth until 21. At these visits, kids are screened and diagnosed for physical or mental issues. Children also get care to help treat any issues found.

These visits are vital. They can help treat and stop medical problems. They are also free to members under 21. If you need help getting to these visits, you can learn more about how to set up a ride on page 46.

Screenings

Call your primary care provider to ask for a screening. You can have as many screenings as you need.

Who can I (or my child) get a screening from?

You can get a screening from a doctor. You can also get one from a nurse practitioner. Licensed physician assistants and continuing care providers can also give screenings.

What care can I (or my child) get?

If you (or your child) have a primary care provider, you can get screened and diagnosed. You can also get treated and referred for a follow-up. The only care you can't get is required dental care. But, your provider can refer (send) you to a dentist. The dentist can give dental care. They will give the care according to OHA's OHP Dental Periodicity Schedule. You can view the schedule at: <https://www.oregon.gov/oha/HSD/OHP/Tools/OHP-Recommended-Dental-Periodicity-Schedule.pdf>. Health Share can also help you get dental care.

At your visit, your provider can maintain (keep up) your consolidated (shortened) health history. This can be made up of information from other providers

You can also get physicians' services (care) for acute, episodic, or chronic (life-long) illnesses.

Do I need to sign anything?

Yes, you or your representative will need to sign an agreement. The agreement will have your obligations (duties). It will also say that your provider will give care for a certain amount of time.

What do the screenings include?

Your (or your child's) screening will have:

- A comprehensive (whole) health and developmental history. This involves an assessment (review) of physical and mental health development.
- A review of nutritional (food) health status
- A comprehensive (whole) physical exam without clothes. This involves looking at teeth and gums. Dental care will be supplied if needed. You may be referred to a dental provider to get care.
- Recommended Immunizations (shots). If you need one at the screening they can give it to you. These are recommended by the Advisory Committee on Immunization Practices (ACIP).

- Child Immunization Schedule (birth to 18 years): <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
- Adult Immunization Schedule (19+): <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Lead testing. Children must have blood lead screening tests at 1 and 2 years. Children between 24 and 72 months with no record of the test must get one. This cannot be met through a completed (finished) risk assessment questionnaire. All kids with lead poisoning will get a follow up. This will be from case management services.
- Other lab tests based on age and risk. These could include anemia and sickle cell tests.
- Health education. Your provider will talk to you about what you can expect for your future health.
- Hearing and vision tests. You can get glasses and hearing aids if needed. View the schedules for these below.
- Periodicity Schedules for Screening Services: Periodicity schedules specify screening services for eligible EPSDT members at each stage of the member's life, beginning with a neonatal exam, up to the age of 21 [CFR 441.56 (b)(1)(vi)].
- AAP Periodicity Schedule available here: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

EPSDT Fact Sheet: <https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCAC/EPSDT%20fact%20sheet-OR%20Final.pdf>

If you have any questions, contact Health Share Customer Service.

Referrals, Diagnosis, and Treatment

You may be referred (sent) to another provider. This may happen if a medical, mental health, substance use, or dental issue is found. The provider screening you will explain why. The other provider can help treat the issue. If you agree to the referral, they will help you make an appointment. If you need care coordination, Health Share and OHA will make sure you have it. Health Share can help you if need a referral for social services, education programs, and nutritional assistance programs.

When can I get services?

After your screening, you can get your recommended services. These will take no longer than six months to get after a request is filed.

Are any services not covered?

Yes, some services are not covered. These include the Supplemental Nutrition Assistance Program (SNAP), and other social service programs. To learn more about how to access services not covered, call Health Share Customer Service at 503-416-8090.

Traditional Health Workers

There may be times when you need help getting the right care. Traditional Health Workers are specifically trained to help you. There are five specialty types of Traditional Health Workers:

- **Doula:** A (birth) doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and post-partum experience.
- **Peer Support Specialist (PSS):** A Peer Support Specialist is an individual who provides support services to a current or former consumer of mental health or addiction treatment
- **Peer Wellness Specialist (PWS):** A Peer Wellness Specialist is an individual who has lived experience with a psychiatric condition(s) plus intensive training, who works as a part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.
- **Personal Health Navigator (PHN):** A Personal Health Navigator is an individual who provides information, assistance, tools, and support to enable a patient to make the best health care decisions.
- **Community Health Worker (CHW):** A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. They work with members to connect them to needed services.

Call your plan if you'd like to find out more about getting a Traditional Health Worker to help you. Health Share has a Traditional Health Worker Liaison who can be reached at thw.info@healthshareoregon.org. If you are using a Traditional Health Worker, you will receive notice if the contact information for the liaison changes. For updated information on the name and contact information of our Traditional Health Worker Liaison, visit: www.healthshareoregon.org/members/get-help.

Members With Both Medicaid and Medicare

Some people are eligible for both Medicaid (OHP) and Medicare. If you have both Medicaid (OHP) and Medicare, you may be required to pay deductibles and co-insurance if you choose to see a provider outside of Health Share's network.

For most Medicare members, your medical care will be provided by Medicare, and we will provide your dental and behavioral health coverage. However, if you would like your

medical care to be covered by us, you can. To do so, contact the Oregon Health Plan. If you are Full Benefit Dual Eligible—meaning you qualify for both Medicare and Medicaid—contact your local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office. They will help you learn more about how to use your benefits. Call the Aging and Disability Resource Connection (ADRC) at 855-673-2372 to get your local APD or AAA office phone number. To access services coordinated or covered by Health Share, call Health Share Customer Service at 503-416-8090 or toll free at 888-519-3845. If you are new to Medicare, we will make sure you have what you need during the transition. Learn more in the “Take Control of Your Care” section (pg. 54). If you have questions, call Health Share Customer Service.

For more information on which benefits are paid for by Medicare and which by Medicaid (OHP), call Health Share Customer Service.

Indian Health Services

American Indians and Alaska Natives can receive their care from an Indian Health Services (IHS) clinic, Native American Rehabilitation Association of the Northwest (NARA), or tribal wellness center.

If you see an IHS provider that is not in your health plan’s network, they still must follow these rules:

- Only covered benefits will be paid.
- If a service requires a preapproval, they must ask for it before providing the service.
- You may also call Health Share Customer Service for help.

Provider Incentives and Reimbursement

Your Health Share health plans make approval (payment) decisions about medical and surgical services, home health services, pharmacy, and other benefits.

These decisions are based only on:

- Appropriate care
- Coverage guidelines and rules

Health Share does not reward staff for denying preapproval requests.

Health Share does not reward providers for giving less care.

You have the right to ask if Health Share has special financial arrangements with our providers that can affect referrals and other services. To help serve members best, some providers offer alternative (different) payment methods. Providers that reflect our priorities can be eligible for monetary incentives. To find out more about our physician payment arrangements, call Health Share Customer Service.

How to Change Your Health and Dental Plans

To change your medical or dental health plans, call Health Share Customer Service. We'll work with you to find a plan that works for you.

How to Disenroll or Change CCOs

We value you as a patient. If you ever have problems or are unhappy with our services or care, please let us know. We'd like to work with you to make it better before you change your CCO. Call Health Share Customer Service and a Member Navigator can help you resolve concerns. If you still want to change to a different CCO, call OHP Client Services at 800-273-0557 (TTY/ TDD 711).

There are several reasons you can change CCOs as long as another CCO is open for enrollment. If you want to disenroll, you or your representative must make a written or verbal request. Once OHA approves your request, you will be disenrolled. It will go into effect the first day of the month after OHA's approval.

When can I change CCOs?

Times OHP members can change CCOs:

- When you renew your OHP coverage, you can change CCOs. Normally this is once each year.
- If you have been with your CCO for 6 months, you can ask to change.
- If you are not new to OHP, you can change CCOs during the first 30 days after you re-enroll.
- If you are new to OHP, you can change CCOs during the first 90 days after you enroll. You can also change 90 days after you get notice of your enrollment from OHA. Whichever of these is later applies. This is true if there is another plan in your area.
- You can change CCOs during the first 30 days if OHA automatically enrolled you. It also includes if they enrolled you by mistake.

- If you move to a place where your current CCO doesn't offer service, you can change CCOs by telling OHP Customer Service that you moved. Call them at 1-800-699-9075 to tell them. To change, call OHP Client Services at 1-800-273-0557 or 800-699-9075.
- If you also have Medicare or are an American Indian or Alaska Native, you can change CCOs at any time.
- If you have an important reason that is approved by OHP, you can change CCOs at any time.
- For any other reason. One time each year.

You can change at any time, if:

- We don't cover a service you need because of a moral or religious objection.
- You need related services that aren't available in network. Or if your primary care provider thinks getting services separately could be bad for your health.
- Other reasons, like:
 - Not having the right providers in network.
 - If you move out of Multnomah, Clackamas, or Washington county.
 - You can't get service in your language.
 - You can't get services in a culturally appropriate way.
 - If you can't continue care with your provider.

Can I change to Fee-for-Service?

Certain members can change to Fee-for-Service. You can choose to have fee-for-service:

- If you have a medical reason that is OHP-approved. First call Health Share Customer Service. Ask us for help. If our team can't help you, call OHP Client Services for help at 1-800-273-0557.
- If you are a Medicare and Medicaid fully dual eligible member. You can change plans or change to Fee-for-Service. You can do this at any time. But you will still have behavioral (mental) and dental health services with Health Share.
- If you are an American Indian or Alaskan Native with proof of Indian Heritage. If you want to get primary care from the Indian Health Service facility. Or, if you want to get care from the tribal or urban health clinic and Fee-for-Service (FFS).

Can Health Share Disenroll me?

Health Share may ask OHP to remove you from Health Share. This could happen if you:

- Are abusive to us or your providers.
- If you are uncooperative (don't work with us) or disruptive. Special health care needs or a disability are an exception.
- Commit fraud, such as letting someone else use your health care benefits.

We can't ask you to disenroll because:

- Your health has changed.
- You have used health services.
- If you have a mental disorder, substance use disorder, or other disability with symptoms. And, if those symptoms make you disruptive (loud) or abusive.

If OHA approves your disenrollment, you will get a letter. If you disagree with the decision, you can file a grievance or request a hearing.

We can't ask you to disenroll because you may need medical help in the future and you are part of a protected class. Or, if you have a medical condition or your history means you might need many medical services in the future

Will I get a notice of my rights?

Yes, you will get a written notice of your disenrollment rights. You will get these 60 days before the enrollment period starts.

What if I move out of the area?

As soon as you move, contact the Oregon Health Plan (OHP). You can call OHP's Virtual Eligibility Center at 800-699-9075 or Client Services Unit at 800-273-0557.

I have more questions about disenrollment. Who do I call?

Call Health Share Customer Service at 503-416-8090. Or call OHP Client Services at either 1-800-273-0557 or 800-699-9075.

Member Rights & Responsibilities

As a member of Health Share you have certain rights. There are also certain things you are responsible for. If you have any questions about the rights and responsibilities listed here, contact Health Share Customer Service at 503-416-8090.

You have the right to exercise your member rights without any adverse action or discrimination. If you feel like your rights have not been respected, you can file a grievance. You can also contact an Ombudsperson through the Oregon Health Authority at 1-877-642-0450 TTY 711.

Health Share Members Have the Following Rights:

- To be notified of any changes in your access to benefits in 30 days or less.
- To have access to Assertive Community Treatment and Wraparound services without approval.
- There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors can get on their own and how minors’ health care information may be shared. You can read this booklet online at OHP.Oregon.gov. Click on “Minor rights and access to care.” Or, view it at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf>.
- To be treated with dignity, respect, and consideration for your privacy
- To be treated by participating providers the same as other people seeking health care. Also to be encouraged to work with your care team, including providers and community resources appropriate to your needs
- To get services and supports in whatever way you need. This includes cultural and language needs. You can get care as close as possible to where you live. If available, you can get services in non-traditional settings.
- To be free from discrimination in receiving benefits and services to which you are entitled

- To receive equal access to appropriate treatment, services, and facilities for both males and females under 18 years of age. This includes homeless youth and those in gangs, as required by ORS 417.270
- To choose a primary care provider (PCP), primary care dentist (PCD), mental health provider or clinic, and to make changes to these as allowed in Health Share's administrative policies
- To get mental health or family planning services without a referral from a PCP or other provider
- To have a friend, family member, helper, or advocate with you during appointments (within clinical guidelines)
- To be actively involved in the development of your treatment plan; to talk honestly with your provider about appropriate or medically necessary treatment choices for your conditions, regardless of the cost or benefit coverage
- Get information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. Get this information in your language and in a format that works for you.
- Accept or refuse treatments and be told what might happen based on your decision. A court-ordered service cannot be refused.
- Learn about CCOs and the health care system.
- To consent to treatment or refuse services, and be told the effect of that decision, except for court-ordered services
- To receive written materials describing rights, responsibilities, benefits, how to access services, and what to do in an emergency
- To have written materials explained in a way that you understand them and in your language. This includes how coordinated care works and how to get services in the coordinated health care system
- To receive services and support in a language you understand, and in a way that respects your culture
- Members have a right to know if a service will not be provided based on moral or religious grounds. Call OHP Customer Service at 800-699-9075 (TTY 711) to learn more about how to get these services.
- To choose providers, if available within the network, that are in non-traditional settings and accessible to families, diverse communities, and underserved populations
- To receive care coordination, community-based care, and help with care transitions. You can get this in a way that works with your language and culture, to reduce the need for hospital or nursing facility visits.

- To receive necessary and reasonable services to diagnose your health condition
- To receive integrated, person-centered care and services that provide choice, independence, and dignity. This care will be based on your health needs and meet accepted standards
- To receive the level of service that you expect and deserve, as approved by your providers
- To have a consistent and stable relationship with a care team that is responsible for managing your care
- Get help to use the healthcare system and get resources you need. This could include: certified or qualified health care interpreters. It could also include certified traditional health workers, and community health workers. In addition, it could include peer wellness specialists and peer support specialists. It could also include doulas and personal health navigators., This is to provide cultural and language assistance in making decisions about your care and services. Your providers and care team understand our policies. These include our Enrollment, Disenrollment, and Fraud, Waste and Abuse, Grievance and Appeal, and Advance Directive policies. They also understand that providers must work with translators.
- To receive covered preventive services
- To have access to urgent and emergency services 24 hours a day, 7 days a week without approval
- To have access to Assertive Community Treatment and Wraparound services without approval.
- To receive a referral to specialty providers for medically appropriate covered services, following the CCO's referral policy
- To have a clinical record that documents conditions, services received, and referrals made
- To have access to your own clinical records unless restricted by statute. Also to receive a copy and have corrections made to your health information
- To know that information in your medical record is confidential, with exceptions determined by law; to receive a notice that tells you how your health information may be used and shared; to decide if you want to give your permission before your health information can be used or shared for certain purposes; and to get a report on when and why your health information was shared for certain purposes
- To transfer a copy of your clinical record to another provider
- Have your clinical record corrected or changed to be more accurate.
- To write a statement of wishes for treatment, including the right to accept or refuse medical, surgical, dental, or mental health treatment. It can also give instructions and powers of attorney for your care.

- To write advance directives and powers of attorney for health care established under ORS 127
- To be free from any form of restraint or seclusion (isolation) that is not medically necessary. Or is used by staff to bully, punish, or make it easier to care for you. Staff may not restrain or isolate you for the staff's convenience. You have the right to report violations to Health Share and to the Oregon Health Plan – see the Complaints section on page 85.
- To receive written notices before denials or changes in benefits or services. You may not get a notice if one isn't required by federal or state regulations
- To be able to make a grievance (complaint) or appeal to the health plan or Health Share and receive a response. You will not be discriminated against for exercising your rights.
- To ask for a contested case hearing. This is if you disagree with a decision made by Health Share or OHP.
- To receive qualified health care interpreter services; and to have information provided in a way that works for you. For example, you can get information in other languages, in Braille, in large print or other formats such as electronic. If you have a disability, we must give you information about the plan's benefits in a way that is best for you
- To receive notice of an appointment cancellation in a timely manner
- To get a second opinion at no cost to you. You can get a second opinion from your plan provider. If you choose a provider outside your plan, we will help arrange it for you, at no cost.
- To receive information about Health Share, our providers, and services. You will receive information about Health Share no more than 30 days after you enroll. You have a right to request Health Share information at least once a year. If you are a dual-eligible member (Health Share and Medicare) you may receive information from both plans. This could be a summary of benefits and provider directories.
- To make recommendations about Health Share's member rights and responsibilities policy
- To ask for and receive information on the structure and operation of Health Share or any physician incentive plan
- To access an OHP ombudsperson. They can advocate for you and make sure you receive good care.
- To get your information electronically, when you want.
- Share information with Health Share electronically. You can choose to do this or not.

- To know that if you believe your rights are being denied or your health information isn't being protected, you can do one or both of the following:
 - File a complaint with your provider or health insurer
 - File a complaint with the Client Services Unit for the Oregon Health Plan

You can get this handbook, and these rights, in different languages, large print, electronic format, audio tape, oral presentation (face-to-face or on the phone), or in Braille. If you would like a different format, please call Health Share Customer Service at 503-416-8090. The toll-free number is 888-519-3845. Our TTY/TDD number is 711. www.healthshareoregon.org.

Health Share Members Have the Following Responsibilities:

- Help choose a primary care provider (PCP) or clinic, a primary care dentist (PCD), and a primary mental health provider if needed
- Treat Health Share staff, providers, and clinic staff members with respect
- Be on time for appointments, and call in advance if you expect to be late, or to cancel if unable to keep the appointment
- Get yearly checkups, wellness visits, and preventive care to keep you healthy.
- Use your PCP or clinic for diagnostic and other care except in an emergency
- Get a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed
 - Self-referral means that you do not need to get approval from your Primary Care Physician to access an assessment or service at no cost. To refer yourself, simply call the in-network provider you would like to see and set up an appointment. You can refer yourself for a Behavioral Health Assessment, evaluation services (including sexual abuse exams), Women's Health Specialist for women's routine and preventative health care services, Intensive Care Coordination (ICC) services, Traditional Health Worker services, Indian Health Care services, and Mental Health Services in your provider network. You can also refer yourself for covered family planning services. You can use providers in or out of network for these services. You may also get medication assisted treatment without provider approval for the first 30 days of treatment. You can also get primary care services in a mental health setting and mental health services in a primary care setting without provider approval. To learn more about what mental health services are covered, call CareOregon at 800-224-4840. You can also get a sexual abuse exam without provider approval.

- Be honest with your providers so they can give you the best care.
- Pay for non-covered services.
- Use urgent and emergency services appropriately, and tell your PCP or clinic within three (3) days of using emergency services
- Give accurate information that may be included in the clinical record
- Help the provider or clinic get clinical records from other providers which may include signing an approval (authorization) for release of information
- Ask questions about conditions, treatments, and other issues related to your care that you do not understand
- Use information provided by Health Share providers or care teams to make informed decisions about a treatment before you receive it
- Help your providers make a treatment plan
- Follow treatment plans and take an active role in your health care. Or, ask for another option
- Tell your providers that your health care is covered under the OHP before you receive services and, if asked, show the provider your Oregon Health ID card
- Call OHP Customer Service to tell them if you change your address or phone number
- Call Health Share Customer Service and OHP Customer Service if you become pregnant, and when the baby is born
- Tell OHP Customer Service if any family members move in or out of your household
- Call Health Share Customer Service if you have any other insurance available
- Assist your health plan in getting any third-party resources that are available, and reimburse the health plan for benefits it paid for an injury if you receive a settlement for that injury
- Call Health Share at 503-416-1460 with any issues, complaints or grievances.
- Stat. Auth.: ORS 414.032, 414.615, 414.625, 414.635, 414.651, Stats. Implemented: ORS 414.610–685 OL 2011, Ch 602 Sec. 13, 14, 16, 17, 62, 64 (2), 65, HB 3650, Hist.: DDMAP 16-2012(Temp), f. & cert. ef. 3-26-12 thru 9-21-12; DDMAP 37-2012, f. & cert. ef. 8-1-12

Health Share of Oregon receives money from the Federal government to provide you with the best health services and coverage possible. It is against Federal law for Health Share of Oregon to discriminate against you based on:

- | | |
|---------------------|--|
| • Age | • Gender Identity or Gender Expression |
| • Color | • Genetic Information |
| • Country of Origin | • Protected Veteran Status |
| • Disability | • Race |

- Religion
- Sex
- Marital status
- Sexual Orientation
- Your participation in any program or activity through Health Share; or any programs associated with Health Share
- Any services or benefits you're receiving from any programs or activities at Health Share, or any programs associated with Health Share
- You can file a complaint of discrimination if you feel you've been treated unfairly.

Advance Directives and Declaration for Mental Health Treatment

Advance directives

If you are an adult 18 years and older, you can make decisions about your own care. That includes refusing treatment.

If you are awake and alert, your providers will always listen to what you want. If you become so sick or injured that you can't tell your providers whether you want a certain treatment, an advance directive (also called a living will) that you have written beforehand lets you decide what kind of care you want. If you are admitted to a hospital, the staff may talk to you about advance directives.

An advance directive lets you share your values, beliefs, goals, and wishes for health care, even if you can't share them yourself. It also lets you name a person to make your health care decisions if you can't make them yourself. This person is called your health care representative and they must agree to act in this role.

A good advance directive describes the kind of treatment you would want depending on how sick you are. For example, the directive would describe what kind of care you want if you have an illness from which you are unlikely to recover or if you are permanently unconscious. If you do not want certain kinds of treatment, like CPR, a breathing machine or feeding tube, you can write these instructions in an advance directive.

You have the right to:

- Make decisions about your medical care
- To accept or refuse medical or surgical treatment
- To create an advance directive

Health Share will honor implementing your advance directive We do not have any limitations to care as a matter of conscience.

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.hclc@state.or.us

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.

You can get an advance directive form at most hospitals and from many providers. You also can find one online at <https://www.oregon.gov/oha/PH/ABOUT/Documents/Advance-Directive.pdf> or you can call Health Share Customer Service at 503-416-8090, 1-888-519-3845 or TTY/TDD 711, to get a hard copy of the form mailed to you.

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.

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 "cancelled" in large letters, and sign and date them. Health Share ensures compliance with State and federal law regarding advance directives.

If you think Health Share did not follow advance directive requirements, you can complain. To do so, fill out this form: healthshareoregon.org/hcrqi. You can also file a complaint with Health Share or OHA. File a complaint with Health Share by calling call Customer Service at 503-416-8090, 1-888-519-3845 or TTY/TDD 711, or send us a letter to the Health Share of Oregon Grievance Department 2121 SW Broadway, Suite 200 Portland, OR 97201

File a complaint with OHA through the Oregon Public Health Division office of Health Care Regulation and Quality Improvement. Call 971-673-0540, email mailbox.hclc@state.or.us, or fax at 971-673-0556. Send mail to P.O. Box 14450 Portland, OR 97293. Complaint forms can be found at: healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances

OHP Complaint forms are available in:

- English
- Spanish
- Russian
- Vietnamese

Information on the complaint process and complaint forms is available at this website: oregonhealthcare.gov

NOTE Note: For religious reasons, some health plans and hospitals do not allow providers to follow every advance directive. However, Health Share, our plans, and hospitals do not have any moral or religious objections to any services.

For questions or more information, contact Oregon Health Decisions at oregonhealthdecisions.org.

Declaration for Mental Health Treatment

Oregon has a form called a Declaration for Mental Health Treatment. This form is a legal document. It allows you to make decisions now about future mental health care in case you are unable to make your own care decisions.

Only a court or two (2) doctors can decide that you cannot make your own care decisions.

You may also use this form to name an adult who can make mental health choices for you when you cannot make them for yourself.

This person must agree in writing to represent you, and they must follow your wishes.

If no one knows your wishes, the person you name must make decisions that are in your best interest.

A Declaration of Mental Health Treatment is good for three (3) years. If you become unable to make decisions, this document will remain in effect until you are able to make your own decisions.

You may change or cancel your Declaration at any time as long as you are capable of making decisions for yourself.

It is important to give this form to your doctor and a copy to the person who represents you.

You can get this form by:

- Calling the State of Oregon at 503-945-5763. TTY: 800-875-2863
- Asking for a copy from your current provider
- Downloading from: https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.pdf

For information on the complaint process for either advance directives or declarations, please visit this website: oregon.gov/oha/ph/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/complaint.aspx

About The Oregon Health Plan (OHP)

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

The state contracts with several coordinated care organizations (CCOs) to provide health care services to people with OHP. Health Share of Oregon is one of those CCOs.

When you apply for OHP and become eligible to receive services, OHP decides the benefits that you qualify to receive. If you don't know which benefits you qualify for, you can call OHP Client Services at 800-699-9075.

OHP does not cover everything. This year, OHP covers 469 diseases and conditions. The list of these diseases and conditions is called the Prioritized List of Health Services. You can read this online at healthcare.oregon.gov/Pages/index.aspx.

OHP also has a client handbook. To read or print the OHP Handbook online, visit: <https://apps.state.or.us/Forms/Served/he9035.pdf> or talk to your case worker and ask them to send you the OHP Handbook.

Managed Care and Fee-For-Service (FFS)

Managed care is a type of health plan where members only see certain doctors or go to certain clinics or hospitals. Coordinated Care Organizations (CCOs) are a type of managed care.

OHP pays CCOs a fixed amount each month to provide the health care services their members need. Most OHP members must receive care from a CCO. Health Share is a CCO.

OHP pays providers directly for the health services of OHP members who are not in managed care. This is called Fee-for-Service (FFS) or Open Card.

Native Americans and Alaska Natives on OHP and members who are eligible for both Medicare and Medicaid can choose to be a member of a CCO or to have FFS.

OHP wants you to get your health care from a CCO because CCOs can provide some services that FFS can't. However, if you are eligible for FFS and would prefer to have Open Card, call OHP Customer Service at 800-273-0557.

What is a Coordinated Care Organization (CCO)?

Health Share is a Coordinated Care Organization (CCO). CCOs are a group of all types of health plans, doctors, hospitals, dentists, counselors, and social service agencies who work together to serve people on OHP. With a CCO, you can get all of your health care plans and services coordinated by one organization.

The Goal: Improve or Maintain Your Health

CCOs provide you with more support to improve or maintain your health. CCOs also work closely with community and social service agencies. If you have barriers to good health, we can help. We can connect you with people who can help with homelessness, hunger, multiple health conditions or anything else that makes it hard to stay healthy.

Patient-Centered Primary Care Home (PCPCH)

We want you to get the best care possible. One way we try to do that is by asking our providers to be recognized by the Oregon Health Authority as a patient-centered primary care home (PCPCH). This is a clinic that has been recognized for their commitment to patient-centered care.

PCPCHs receive extra funds to:

- Pay close attention to their patients
- Better coordinate your care to help get you the services you need, when you need them
- Listen to your concerns and answer your questions
- Offer after-hours help and alternatives to going to the emergency room

You can ask your PCP clinic if it is a PCPCH.

Complaints & Appeals

Help is Available

Let us know if you need help with any part of the grievance, appeal, and/or hearings process. We can also give you more information about how we handle grievances and appeals. Copies of our notice template are also available. If you need help or would like more information beyond what is in the handbook call Health Share. Call Health Share Customer Service at 503-416-1460 or toll-free at 888-519-3845.

Complaints (Grievances)

Health Share's health plans and providers want to give you the best possible care. But if you are not happy with Health Share your healthcare services, or your provider, you can complain or file a grievance. You have a right to file a grievance if you are not satisfied with any part of your care. We will try to make things better. Just call Health Share Customer Service at 503-416-1460 or toll-free at 888-519-3845. Or, send a letter to:

Health Share Grievances
2121 SW Broadway #200,
Portland, OR 97201

A representative or your provider may file a grievance for you. They can do this if you give written permission.

We will look into your grievance. We will let you know what can be done as quickly as your health requires. This will be done within five business days from the day we get your grievance.

If we need more time, we will send you a letter to let you know that. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language. We will send you a letter within 30 days of when we got the grievance. The letter will explain how we will address it.

If you are unhappy with how we handled your grievance, you can share that with the Oregon Health Authority's Client Services Unit at 1-800-273-0557 or an Oregon Health Authority Ombudsperson at 1-877-642-0450.

Appeals

If we deny, stop, or reduce a service for medical, dental, or mental health or substance use that your provider has ordered, we will mail you a written Denial of Service Request explaining why we made that decision.

If your provider tells you that a service is not covered or that you will have to pay for a particular service, you can contact us and ask for a Denial of Service Request. Once you have the notice, you can request an appeal.

Requesting an Appeal

If you disagree with our decision and would like us to change it you can request an appeal. You have a right to request an appeal. If you have a representative, they may request an appeal for you with your written permission. Your provider may also appeal our decision. They can do this if you give them permission in writing.

An appeal request can be made either orally or in writing.

To request an appeal either:

Call Health Share Customer Service at 503-416-1460 or toll-free at 888-519-3845. Or, complete and send us the Request to Review a Healthcare Decision form (OHP 3302) attached to the original notice by mail or fax.

Mail to:

Health Share of Oregon Attn: Appeals & Grievances
2121 SW Broadway, Suite 200
Portland, OR 97201

Or, you may fax your appeal form to 503-459-5749. Attention: Health Share Appeals Coordinator.

Appeal Review

Once we get your appeal request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can provide any more information you think would help us make our decision. Once that review is done, we will send you our decision notice in writing. This notice is called a Notice of Appeal Resolution. We will also attach a hearing request form in case you

do not agree with the outcome.

Appeal Timeframes

You have 60 days from the date on the Denial of Service notice to file an appeal. Once we get your request, we have 16 days to make our decision for a standard appeal. If you need more time, or if we need more time to make a decision, we can extend the timeframe by 14 days. If we extend the timeframe, we will do our best to let you know orally. We will always send a written notice to let you know why we needed more time. You have a right to file a grievance if you disagree with the extension.

Our mailing address is: Health Share of Oregon Attn: Appeals & Grievances
2121 SW Broadway, Suite 200 Portland, OR 97201 Or, you may fax your appeal form to
503-459-5749. Attention: Health Share Appeals Coordinator.

Fast or “Expedited” Appeals & Timeframes

A fast or “expedited” appeal can be requested if you or your provider thinks that waiting for a standard appeal could seriously harm you. If you qualify for a fast appeal, we will make our decision as quickly as your health requires. We will take no more than 72 hours from the time we receive your appeal request.

We will do our best to reach you and your provider by phone to let you know our decision. We will always send our decision in writing.

If we need more information and it is in your best interest, we can extend the timeframe by up to 14 days. If we extend the timeframe, we will do our best to let you know orally. We will always send a written notice to let you know why we need more time. You have a right to file a grievance if you disagree with the extension.

If we deny your request for a fast appeal, we will do our best to call you and your provider to let you know. We will also send a written notice within two days.

Contested Case Hearings & Timeframes

If you disagree with our appeal decision or we went beyond the required timeframes to make our decision you can request a hearing with an Oregon Administrative Law Judge. It is your right to request a hearing. At the hearing, you can tell the judge why you do not agree with our decision about your appeal. The judge will make the final determination.

Your representative, if you have one, or the provider who initially requested the appeal may also request a hearing on your behalf if they have your permission in writing.

You have 120 days from the date on the Notice of Appeal Resolution to request a hearing.

To request a hearing send the Request to Review a Healthcare Decision form (OHP 3302) attached to the notice we sent you to:

OHA-Medical Hearings
500 Summer St NE E49
Salem, OR 97301
Fax: 503-945-6035

Fast or “Expedited” Hearings

The hearings process takes time. If you need a fast or “expedited” hearing because waiting for a standard hearing could seriously harm you, be sure to note that on the Request to Review a Healthcare Decision form (OHP 3302). The Oregon Health Authority’s Medical Hearings Unit will review your request for an expedited hearing. If the request is denied, you will get a letter within two days to let you know.

Representation in a Hearing

You have the right to have another person of your choosing represent you in the hearing, for example a friend, family member, lawyer, or your medical provider. You also have the right to represent yourself if you choose. If you hire a lawyer you must pay their fees. For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; TTY 711 (a partnership between Legal Aid of Oregon and Oregon Law Center). Information about free legal help can also be found at OregonLawHelp.com

Benefits and Services During the Appeal & Hearings Process

If we close or reduce a service or benefit you were already receiving, you can keep getting the full benefit during the appeal and hearings process. You have to let us know that you want the full service or benefit to continue when you request the appeal or hearing. You have 10 days from the date of the Notice of Adverse Benefit Determination or the Notice of Appeal Resolution letter to request that your benefits continue.

If our decision is upheld in the appeal or hearing process, you may need to pay for the service or benefit you received during that time. If our decision is reversed in the appeal or hearing, and you kept getting the benefit during that time, we will go back and pay for it.

If our decision is reversed in the appeal or hearing and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

Dual-eligible Members (Health Share and Medicare)

If you are enrolled in both Health Share and Medicare, you may have more appeal rights. Contact Health Share Customer Service for more information.

Fraud, Waste, and Abuse

We are committed to complying with all applicable laws, including the Oregon's False Claims Act and the federal False Claims Act. We want to make sure that healthcare dollars are spent helping our members be healthy and well. We need your help to do that. If you think fraud, waste, or abuse has happened report it as soon as you can. You can report it anonymously. Whistleblower laws protect people who report fraud, waste, and abuse. You will not lose your coverage if you make a report. It is illegal to harass, threaten, or discriminate against someone who reports fraud, waste, or abuse.

Examples of Fraud, Waste, and Abuse

Examples of Fraud, Waste and Abuse by a Provider

- Your provider billing for services or medical equipment that you did not receive.

- Your provider charging you for services that are covered by your health plan.
- Your provider giving you a service you don't need based on your health condition.

Examples of Fraud, Waste and Abuse by a Member:

- Going to multiple doctors for prescriptions for a medication already prescribed to you.
- Letting another person use your health care benefits.

For a complete list of examples of fraud, waste, and abuse, visit:

www.healthshareoregon.org/providers/provider-resources/fraud-waste-abuse.

Reporting Fraud, Waste, and Abuse

Report fraud, waste, and abuse to Health Share. To report fraud, waste, and abuse, you can call or fill out a form. You can call the Health Share Compliance Hotline at 503-416-1459. This is anonymous and you don't have to say who you are.

You can fill out and send us the Fraud, Waste, and Abuse form available on the Health Share website: www.healthshareoregon.org/members/get-help/member-rights/appeals-and-grievances.

We will send each report of suspected fraud, waste, and abuse committed by a provider or a member to the appropriate state agency listed below.

For reports of fraud, waste, or abuse by a provider, contact:

Medicaid Fraud Control Unit (MFCU) Oregon Department of Justice
100 SW Market Street Portland, OR 97201

Phone: 971-673-1880

Fax: 971-673-1890

OR

OHA Office of Program Integrity (OPI) 3406 Cherry Ave. NE
Salem, OR 97303-4924

Fax: 503-378-2577

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

www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

For Reports of Fraud, Waste, and Abuse by a Member:

DHS Fraud Investigation Unit

PO Box 14150

Salem, OR 97309

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

Fax: 503-373-1525 Attn: Hotline www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

The law protects people who report fraud and abuse. You cannot lose your job, lose your coverage, or be threatened, harassed, or discriminated against for reporting fraud or abuse.

Your Health Records are Private

Your provider only shares your health records with people who need to see them for treatment and payment reasons. You can limit who sees your health records. If there is someone you don't want to see your health records, please tell your provider in writing. You can ask your provider for a list of everyone your provider has shared your health records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your health records and keeps them private. This is also called confidentiality. Health Share's Notice of Privacy Practices explains how we use our member's personal information. We will send it to you if you ask. Just call Health Share Customer Service and ask for our Notice of Privacy Practices. You can also view it online at: www.healthshareoregon.org/privacy-policy.

Your Right to Inspect and Copy Your Health Records

You and your legal representatives have the right to review and get a copy of your health and dental records. Your PCP has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies. You may request that your records be corrected or amended.

Right to Change Your Records

If you think that medical information your provider has about you is not accurate or something is missing, you may ask your provider to make changes. You would need to send them a letter telling them what you want to have changed and why you want the change. They may tell you that they won't make the change for one of these reasons:

- You haven't given them your request in writing.
- The information was not created by your provider.
- They believe the information is accurate and complete.

If they do not make the change, they can tell you how to ask your health plan to review that decision.

Words To Know

Advance Directive

A written instruction, such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.

Appeal

A request to change our decision if we deny, stop, or reduce a service for physical health, dental, or mental health or substance use that your provider has ordered.

Approval

A requirement that you or your physician receive authorization from your care provider before receiving treatment. Approval is the same as authorization.

Authorization

A requirement that you or your physician receive approval from your care provider before receiving treatment. Authorization is the same as approval.

Care Coordination

An organized coordination of your health care services, supports, and resources. The coordination is usually between you and your Member's assigned Care Coordinator. It may also be between your caregiver. A team will focus on your needs and strengths. Your care coordinator will share information with you. This will help improve your health. Knowing your history will help them make a plan. This plan will help you be your healthiest.

Coordinated Care Organization (CCO)

OHP has local health plans that help you use your benefits. These plans are called coordinated care organizations or CCOs. CCOs have providers who work together in your community.

Copay

Your health plan pays for services but some plans, like Medicare, charge the member a small fee. That fee is called a copay. OHP does not have copays.

Words To Know

Devices for Habilitation and Rehabilitation

Equipment to help you benefit from habilitation and/or rehabilitation therapy services or meet other clinical or functional needs. Examples include walkers, canes, and crutches, glucose monitors and infusion pumps, prosthetics and orthotics, low vision aids, augmentative communication devices, and complex rehabilitation technologies such as motorized wheelchairs and assistive breathing machines.

Durable Medical Equipment

Medical equipment used at home to improve your quality of life—like wheelchairs and nebulizers. They are durable because they last a long time. They don't get used up like medical supplies.

Emergency dental condition

A health problem based on the symptoms you feel. It includes times if you hadn't gotten care soon it would not have made you feel worse. It could include, but isn't limited to severe tooth pain, strange swelling of the tooth or gums, or a tooth that has been knocked out.

Emergency medical condition

A medical condition that means your life will be in danger if you don't get help right away. This can be bleeding that won't stop, or broken bones. It could be something will cause part of your body to stop working right.

Emergency mental health condition

An emergency mental health condition is feeling out of control, or feeling like hurting yourself.

Emergency medical transportation

Transportation options, like ambulances, where you can receive medical care while in transit. This happens when you call 911.

ER and ED

Emergency Room (ER) and Emergency Department (ED) are medical facilities specifically designed to care for patients with emergency medical conditions.

Words To Know

Emergency Room Care

Care you get when you have a serious medical issue and it is not safe to wait. This care happens in an emergency room (ER).

Emergency services

Care you get during a medical crisis. These services help make you stable when you have a serious condition.

Excluded services

Health care services that are not covered by the Oregon Health Plan. This means things like services to improve your looks, and things that get better on their own.

Grievance

An official complaint about any experience you have as a Health Share Member that you feel is wrong or unfair. The law says Health Share must respond to each complaint.

Habilitation services and Devices

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

Rehabilitation services

Health care services that help you relearn thinking, feeling, or physical abilities resulting from a medical condition.

Health insurance

A type of insurance that helps cover the cost of any medical, dental and mental health and substance use services. A company or government agency makes the rules for when and how much to pay.

Health Risk Screening

A survey to determine your health needs. It will ask you about your physical, emotional, and behavioral health. It will also ask about your family history and living situation. This information will be used to assist you. You will get resources and support to help you be healthy.

Words To Know

Home health care

A range of medical services you get at home. You may get them after surgery, illness, or injury. You can get help with medicine, meals, and bathing.

Hospice services

Services to comfort a person who is dying and their family. It can be pain treatment, counseling, and respite care.

Hospital inpatient and outpatient care

Hospital **inpatient care** is the length of time you must stay overnight in a hospital when you are admitted. It means you stay at least three nights. **Outpatient care** occurs when you don't have to spend the night after receiving care.

Hospitalization

When someone is checked into a hospital for care.

Intensive Care Coordination

Some members with special health care needs will get more help and resources. This will help them manage their health.

Medicaid

A national program that helps with health care costs for people with low incomes. In Oregon, it is part of the Oregon Health Plan.

Medical Eye Exam

A medical eye exam is so your doctor can diagnose or treat an eye disease or injury.

Medically necessary

A health care service or supply that's required to diagnose or treat your medical needs, like an injury or an illness.

Medicare

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

Words To Know

Network

The doctors, clinics, hospitals and other facilities and providers who work with your health plans, including medical, dental, and mental health and substance use plans.

Network provider

A specialist or health care provider who works with your health plan. If you see network providers, Health Share will pay. You will need to get a referral from your primary care provider (PCP) to see some specialists.

Non-network (Non-participating) provider

A specialist or health care provider who does not work with your health plan. They may not accept Health Share payment for their services. You may have to pay if you see an non-network provider.

OHP Agreement to Pay Waiver

A form that you sign if you agree to pay for a service that OHP does not pay for. It is only good for the exact service and dates listed on the form. You can see the blank waiver form at <https://bit.ly/OHPwaiver>. Unsure if you signed a waiver form? You can ask your provider's office.

Participating Provider

A provider Health Share chooses to have a contract with. If you see network providers, the CCO pays. Also called a “network provider.”

Physician services

Services you get from a doctor.

Plan

A company that arranges and pays for health care services. Most plans have physical, dental, and mental health care.

Words To Know

Preapproval (preauthorization or prior authorization)

Permission for a service. This is usually a document that says your plan will pay for a service. Some plans and services require this before you get the care

Prescription drugs

All drugs that require you to have a medical prescription from a physician.

Prescription Drug Coverage

Health insurance or plan that helps pay for medications.

Premium

The cost of insurance.

Primary care provider or Primary Care Physician (PCP)

The medical professional who takes care of your health. This is 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 dentists who regularly treats and manages your oral health care. They take care of your teeth and gums.

Provider

A licensed person or group that offers a health care service. For example, a doctor, dentist, or therapist.

Rehabilitation Services

Services to help you get back to full health. These help usually after surgery, injury, or substance abuse.

Routine Eye Exam

A routine eye exam is to check your vision, screen for disease, or update a glasses or contact prescription.

Words To Know

Skilled nursing care

Treatment provided when a patient's health care needs can only be met by a licensed nurse. You can get skilled nursing care in a hospital, nursing home, or your own home with home health care.

Specialist

A doctor or other health care provider who treats special health conditions. This can be a medical, dental, mental health, or substance use condition. For example, a cardiologist treats heart disease.

Transition of Care

Sometimes if you change OHP plans you can still get the same services. You may also see the same providers. That means care will not change when you switch CCO plans. It also won't change when you move to/from OHP fee-for-service. This is called Transition of Care. If you have serious health issues, your new and old plans must work together. They will make sure you get the care and services you need.

Telehealth

Getting care over phone or video.

Urgent care

Clinics that see people with the worst injuries or sickness first. You can go if you need care the same day. After, you may be told where to go for follow-up care.

Network Hospitals

As a Health Share member, you can visit any of the following hospital networks:

Hospitals in the tri-county area:

- **Adventist Health Portland**
10123 SE Market St
Portland, OR 97216
503-257-2500 (TTY/TDD 711)
www.adventisthealth.org/portland/
- **Hillsboro Medical Center**
335 SE 8th Ave
Hillsboro, OR 97123
503-681-1111 (TTY/TDD 711)
<https://tuality.org/location/hospitals/>
- **Kaiser Sunnyside Medical Center**
10180 SE Sunnyside Rd
Portland, OR 97015
800-813-2000 (TTY/TDD 711)
<https://healthy.kaiserpermanente.org/oregon-washington/facilities/sunnyside-medical-center-100249>
- **Kaiser Permanente Westside Medical Center**
2875 NE Stucki Ave
Hillsboro, OR 97124
800-813-2000 (TTY/TDD 711)
<https://healthy.kaiserpermanente.org/oregon-washington/facilities/kaiser-permanente-westside-medical-center-303481>
- **Legacy Devers Eye Institute – Multiple Locations**
 - Good Samaritan
Good Samaritan Building 2 1040 N.W.
22nd Ave, First Floor
Portland, OR 97210
503-413-8202 (TTY/TDD 711)
 - Tualatin
7021 S.W. Nyberg St., Suite 210
Tualatin, OR 97062
503-413-8202 (TTY/TDD 711)
 - Emanuel
Legacy Emanuel Medical Center
Medical Office Building 3 300 N.
Graham St., Suite 300
Portland, OR 97227
503-413-8202 (TTY/TDD 711)
<https://www.legacyhealth.org/doctors-and-locations/hospitals/legacy-emanuel-medical-center>

Network Hospitals

- **Legacy Emanuel Medical Center
(includes Randall Children's Hospital)**
2801 N Gantenbein Ave
Portland, OR 97227
503-413-2200 (TTY/TDD 711)
<https://www.legacyhealth.org/doctors-and-locations/hospitals/legacy-emanuel-medical-center>
- **Legacy Good Samaritan Medical Center - Rehabilitation Unit**
1015 NW 22nd Ave
Portland, OR 97210
503-413-7711 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-good-samaritan-medical-center.aspx>
- **Legacy Meridian Park Medical Center**
19300 SW 65th Ave
Tualatin, OR 97062
503-692-1212 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-meridian-park-medical-center.aspx>
- **Legacy Mt Hood Medical Center**
24800 SE Stark St
Gresham, OR 97030
503-674-1122 (TTY/TDD 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-mount-hood-medical-center.aspx>
- **Legacy Transplant Services**
1130 NW 22nd Avenue, Suite 400
Portland, OR 97210
503-413-6555 or 877-622-8030
(TTY/TDD 711)
<https://www.legacyhealth.org/locations/clinics/specialty-clinics/legacy-transplant-services.aspx>
- **Northwest Gastroenterology Clinic & Endoscopy Center**
 - Westside Clinic
1130 NW 22nd Avenue, Suite 410
Portland, OR 97210
503-229-7137 (TTY/TDD 711)
 - Eastside Clinic
501 North Graham Street, Suite 465
Portland, OR 97227
503-229-7137 (TTY/TDD 711)
<https://www.nwgaastro.net/>
- **Oregon Health & Science University (OHSU)**
3181 SW Sam Jackson Park
Portland, OR 97239
503-494-8311 (TTY/TDD 711)
<https://www.ohsu.edu/visit/ohsu-hospital-portland>

Network Hospitals

- **OHSU Casey Eye Institute - Facility**
515 SW Campus Dr.
Portland, Oregon 97239
503-494-3000 (TTY/TDD 711)
<https://www.ohsu.edu/casey-eye-institute>
- **OHSU Liver & Pancreas Transplant**
3270 SW Pavilion Loop
Portland, Oregon 97239
503-494-8500 (TTY/TDD 711)
<https://www.ohsu.edu/transplant/ohsu-liver-and-pancreas-transplant-clinic-marquam-hill>
- **Providence Milwaukie Hospital**
10150 SE 32nd Ave
Milwaukie, OR 97222
503-513-8390 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-milwaukie-hospital/>
- **Providence Milwaukie Medical Center - Psychiatric Unit**
10150 SE 32nd Ave
Milwaukie, OR 97222
Phone: 503-513-8080 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/s/senior-psychiatric-unit-at-providence-milwaukie-hospital/>
- **Providence Portland Medical Center (includes Inpatient Psychiatry and Rehabilitation Unit)**
4805 NE Glisan St
Portland, OR 97213
503-215-1111 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-portland-medical-center/>
- **Providence St. Vincent Medical Center**
9205 SW Barnes Rd
Portland, OR 97225
503-216-1234 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-st-vincent-medical-center/>
- **Providence Willamette Falls Hospital**
1500 Division St
Oregon City, OR 97045
503-656-1631 (TTY/TDD 711)
<https://oregon.providence.org/location-directory/p/providence-willamette-falls-medical-center/>
- **Shriners Hospitals for Children**
3101 SW Sam Jackson Park Rd
Portland, OR 97239
503-294-3230 (TTY/TDD 711)
<https://www.shrinerschildrens.org/en/locations/portland>

Network Hospitals

- **Unity Center for Behavioral Health**

1225 NE 2nd Ave

Portland, OR 97232

503-944-8000 (TTY/TDD 711)

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

- **Vibra Specialty Hospital**

10300 NE Hancock St

Portland, OR 97220

503-257-5500 (TTY/TDD 711)

<https://www.vibrahealthcare.com/portland/>

Hospitals outside the tri-county area:

- Adventist Health Tillamook
- Aesthetic Surgery Center of Eugene, Inc.
- Asante Ashland Community Hospital LLC
- Asante Rogue Valley Medical Center - Rehabilitation Unit
- Asante Rogue Valley Medical Center Behavioral Health Unit
- Asante Three Rivers Medical Center LLC
- Columbia Memorial Hospital
- Lake District Hospital
- Legacy Silverton Medical Center
- Longview Surgical Center, LLC DBA Pacific Surgical Center
- Lucile Packard Hospital for Children
- McKenzie Surgical Center, LP
- Northwest Center for Plastic Surgery, LLC
- Oasis Palliative Care
- Oregon Endoscopy Center, LLC
- Oregon Eye Surgery Center, Inc
- Oregon Imaging Centers, LLC
- Oregon SurgiCenter, LLC
- Orthopedic Healthcare Ancillary Services, LLC DBA Slocum Surgery Center
- PeaceHealth DBA Cottage Grove Community Medical Center
- PeaceHealth DBA Sacred Heart Medical Center - RiverBend
- PeaceHealth DBA Sacred Heart Medical Center - University District
- PeaceHealth Harbor Medical Center
- PeaceHealth Sacred Heart Medical Center at Riverbend

Network Hospitals

Hospitals outside the tri-county area:

- PeaceHealth Sacred Heart Medical Center University District
- PeaceHealth St. John Medical Center
- Providence Hood River Medical Center
- Providence Medford Medical Center
- Providence Medford Medical Center - Rehabilitation Unit
- Providence Newberg Medical Center
- Providence Seaside Hospital
- RiverBend Ambulatory Surgery Center, LCC DBA Day Surgery at RiverBend
- Salem Health Specialty Clinic - Dallas
- Salem Health Medical Clinic - Monmouth
- Salem Health OB Hospitalists
- Salem Health Specialty Clinic - Dallas
- Salem Hospital
- Salem Hospital Regional Rehab Center
- Santiam Hospital
- Santiam Memorial Hospital
- Skyline ASC
- Spine Surgery Center of Eugene, LLC
- St John Medical Center Rehab Services
- West Valley Hospital
- Willamette Surgery, PC
- Willamette Valley Medical Center, LLC

Get Involved in Health Share of Oregon's Community Advisory Council

Share Your Voice!

Want to have a voice in your own health care? Passionate about the health of your community? Committed to improving health care for everyone? We're looking for you!

What We're About

Transparency: Council meetings are every month, are open to the public, and include public comment

Leadership: The Council Chair serves on Health Share's Board of Directors

Accountability: Health Share's CEO and executive leadership fully participate in every meeting

Dedication: The Council volunteers hundreds of hours to improve the health of their communities

Collaboration: The Council values authentic partnership with community members above all else

Ways To Share & Get Involved

Join the Council

Come to a Council meeting

Learn more about the Council

Share with the Council



Interested?

(503) 416-1460 | info@healthshareoregon.org

<https://www.healthshareoregon.org/about/community-advisory-council>

Worksheets

My Prescriptions

Bring this chart with you to the doctor's office.

Prescription Drug Name & Strength	When & How Many				How it is Working	
					You	Provider Response
Reason for Taking					  	
	☐ Daily ☐ Weekly ☐ Other				Notes	
Reason for Taking					  	
	☐ Daily ☐ Weekly ☐ Other				Notes	
Reason for Taking					  	
	☐ Daily ☐ Weekly ☐ Other				Notes	
Reason for Taking					  	
	☐ Daily ☐ Weekly ☐ Other				Notes	

If this chart does NOT match your medication instructions given to you by your doctor or pharmacist, please let your doctor know.

Worksheets

My Health Plans and Doctors

Write down what health plans and doctors you have here. Some are listed on your Health Share ID card. If they're not listed, call us. We can help.



My Physical Health Plan

Phone: _____

My Primary Care Provider (PCP): _____

Phone: _____

Other doctor: _____ Phone: _____

Other doctor: _____ Phone: _____



My Dental Health Plan

Phone: _____

Dental Provider: _____ Phone: _____



My Mental Health & Substance Use Plan

Phone: _____

My Primary Care Provider (PCP): _____

Phone: _____

Other provider: _____ Phone: _____

Worksheets

HEALTH TIP It's important to see your PCP regularly.

Here are some common health screenings you should ask about:

Developmental Screening	Age 0-36 Months
Adolescent Well-care Visits	Age 12-21 Years
Depression Screening	Age 12+ Years
Well Women Visits	Age 15-65 Years
Colorectal Cancer Screenings	Age 51-70 Years

My Health Notes

Do you have questions for your doctors or health plans? Write them down here. Refer to them when you call Customer Service, or take them with you to your doctor appointments.

