



Member Handbook

Your health benefits as a member of
the Oregon Health Plan and IHN-CCO.

2021

Welcome to your community health care plan

InterCommunity Health Network Coordinated Care Organization (IHN-CCO) is a managed care plan. We work with the Oregon Health Authority (OHA) to provide health services to people enrolled in the Oregon Health Plan (OHP). IHN-CCO can manage the medical, dental and behavioral health care for OHP members living in Benton, Lincoln, and Linn counties. We also serve parts of Marion and Polk counties. For more details about how the IHN-CCO is run and structured as a managed care plan, please call Customer Service (see "How to contact us" on page 1).

Read this member handbook and keep it as a guide for future use. The information in this handbook is updated at least once per year. If any changes are made to your benefits, we will tell you 30 days before the change takes place, or as soon as possible.

Please see section "Becoming an IHN-CCO member" to view a sample IHN-CCO member ID card. The ID card shows the IHN-CCO benefit packages. Review your IHN-CCO member ID card to see what benefit package you are enrolled in.

This handbook tells you about:

- What to do in an emergency.
- Your rights and responsibilities.
- Benefit information.
- How to make a complaint.
- How to appeal a decision you do not agree with.

You can find more details and member documents on our website, **IHNtogether.org**.

The OHP Handbook also gives you important details about your:

- OHP benefit packages.
- Covered and non-covered services.
- Dental plan details.

You can ask for a copy by calling OHP Client Services at 800-273-0557 (TTY 711). The Oregon Health Plan also has a website at **oregon.gov/oha/healthplan**.



OHA Language Access Statement

ENGLISH

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

Program/contact: Customer Service

Phone: 800-832-4580 (TTY: 800-735-2900)

Email: healthplanresponse@samhealth.org

We accept all relay calls or you can dial 711.

BOSNIAN / BOSANSKI

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

Program/kontakt: Customer Service

Telefon: 800-832-4580 (TTY: 800-735-2900)

E-pošta: healthplanresponse@samhealth.org

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

CAMBODIAN / ភាសាខ្មែរ

អ្នកអាចទទួលបានឯកសារនេះជាភាសាដទៃទៀត ជាអក្សរធំៗ អក្សរសំរាប់ជនពិការភ្នែក ឬ ជាទម្រង់ណាមួយ ដែលអ្នកចង់បាន ដោយមិនគិតថ្លៃ។

កម្មវិធី/ទាក់ទងទៅ: Customer Service

ទូរស័ព្ទ: 800-832-4580 (TTY: 800-735-2900)

អ៊ីម៉ែល: healthplanresponse@samhealth.org

យើងទទួលយកការបញ្ជូនទូរស័ព្ទបន្ត ឬអ្នកអាចចុចទៅលេខ 711 ។

FARSI/فارسی

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

برنامه/تماس: Customer Service

تلفن: 800-832-4580 (TTY: 800-735-2900)

ایمیل: healthplanresponse@samhealth.org

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

GERMAN / DEUTSCH

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

Programm/Kontakt: Customer Service

Telefon: 800-832-4580 (TTY: 800-735-2900)

E-Mail: healthplanresponse@samhealth.org

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

KOREAN/한국어

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

프로그램/연락처: Customer Service

전화번호: 800-832-4580 (TTY: 800-735-2900)

이메일: healthplanresponse@samhealth.org

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

ARABIC / اللغة العربية

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

البرنامج/الاتصال: Customer Service

هاتف: 800-832-4580 (TTY: 800-735-2900)

البريد الإلكتروني (الإيميل): healthplanresponse@samhealth.org

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

BURMESE / မြန်မာ

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

အစီအစဉ်/အဆက်အသွယ် - Customer Service

ဖုန်းနံပါတ် - 800-832-4580 (TTY: 800-735-2900)

အီးမေးလ် - healthplanresponse@samhealth.org

တဆင့်ဆက်သွယ်သည့် ဖုန်းခေါ်ဆိုမှုများ အားလုံးကို ကျွန်ုပ်တို့ လက်ခံပါသည်။ သို့မဟုတ် 711 ကို သင်ဆက်နိုင်ပါသည်။

CHUUKESSE / CHUUKESSE

Ke tongeni omw kopwe angei noum kapin ei taropwe, ese kamo, non fosun fonuom, ika non "large print" (weiweita ika mak mei kan mese watte), ika non "braille"

(faniten ekewe mei chun), ika ren pwan ekoch sakkun pisekin ika angangen awewe.

Meeni pirokram/io kopwe poporaus ngeni: Customer Service

Fon: 800-832-4580 (TTY: 800-735-2900)

Email: healthplanresponse@samhealth.org

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

FRENCH / FRANÇAIS

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

Programme/contact : Customer Service

Téléphone : 800-832-4580 (TTY: 800-735-2900)

Email : healthplanresponse@samhealth.org

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

JAPANESE / 日本語

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

プログラム/連絡先 Customer Service

電話番号: 800-832-4580 (TTY: 800-735-2900)

電子メール: healthplanresponse@samhealth.org

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

LAO / ລາວ

ທ່ານສາມາດໄດ້ຮັບເອກະສານນີ້ເປັນພາສາອື່ນ, ຕົວພິມຂະໜາດໃຫຍ່, ພັງສີ ໂພງສຳລັບຄົນຕາບອດ ຫຼື ໃນຮູບແບບທີ່ທ່ານຕ້ອງການໄດ້ໂດຍບໍ່ເສັຽຄ່າ.

ໂຄງການ/ຕິດຕໍ່: Customer Service

ໂທຣະສັບ: 800-832-4580 (TTY: 800-735-2900)

ອີເມວ: healthplanresponse@samhealth.org

ພວກເຮົາຍອມຮັບການໂທສຳລັບຄົນພິການ ຫຼື ທ່ານສາມາດໂທຫາ 711 ໄດ້.

MARSHALLESE / KAJIN MAJEL

Kwomaroñ bōk peba in ilo kajin ko jet, jeje kōn leta ko rekilep, ilo braille ak ilo bar juon wāween emmanloḷ ippam ejjelōḷ woñān. Kōjelā in program/kepaake: Customer Service
Telpon: 800-832-4580 (TTY: 800-735-2900)
Email: healthplanresponse@samhealth.org
Kōmij bōk aolep kalloḷ in relay ak kwomaroñ jiburi 711.

POHNPEIAN / LOKAIA EN POHNPEI

Komwi kak alehda doaropwe wet ni lokaia tohrohr akan, ni nting laud, braille (preili: nting ohng me masukun), de ni ehu mwohmw tohrohr me komw kupwurki, ni soh pweipwei oh soh isipe. Pwurokirahm/koandak: Customer Service
Nempehn Delepwohn: 800-832-4580 (TTY: 800-735-2900)
E-mail: healthplanresponse@samhealth.org
Se kin alehda koahl karos me lelohng reht de komw kak eker 711.

RUSSIAN / РУССКИ

Вы можете бесплатно получить текст этого документа на другом языке, набранный крупным шрифтом или шрифтом Брайля либо в предпочитаемом вами формате. Название программы и контактное лицо: Customer Service
Телефон: 800-832-4580 (TTY: 800-735-2900)
Эл. почта: healthplanresponse@samhealth.org
Мы отвечаем на любые вызовы по линии трансляционной связи; кроме того, вы можете набрать номер 711.

SOMALI / SOOMAALI

Waxaad heli kartaa dokumentigan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee braille ama qaabka aaad doorbidayso oo lacag la'aan ah. Barnaamijka/halka la iskala soo xiriiirayo: Customer Service
Telefoonka: 800-832-4580 (TTY: 800-735-2900)
Email-ka: healthplanresponse@samhealth.org
Waa aqbalnaa wicitaanada gudbinta oo dhan ama waxaad wici kartaa 711.

THAI / ไทย

คุณสามารถขอรับเอกสารนี้เป็นภาษาอื่น เป็นตัวอักษรขนาดใหญ่ อักษรเบรลล์ หรือรูปแบบที่คุณต้องการโดยไม่ต้องเสียค่าใช้จ่าย โปรแกรม/ผู้ติดต่อ: Customer Service
โทรศัพท์: 800-832-4580 (TTY: 800-735-2900)
อีเมล: healthplanresponse@samhealth.org
เราขอรับสายโทรเข้าแบบพิมพ์เข้าและพูดตามทุกสายหรือคุณสามารถเลือกกดหมายเลข 711

UKRAINIAN / УКРАЇНСЬКА

Ви можете отримати цей документ іншими мовами, великим шрифтом, шрифтом Брайля або в будь-якому форматі, якому ви надаєте перевагу. Програма/контактна особа: Customer Service
Телефон: 800-832-4580 (TTY: 800-735-2900)
електронна пошта: healthplanresponse@samhealth.org
Ми приймаємо всі виклики через службу комутованих повідомлень або ви можете набрати 711.

OROMO [CUSHITE] / AFAAN OROMOO

Galmee kana afaanoota biraatiin, barreefama qube gurguddaatiin, bireelii ykn barreefana warra qaroo dhabeeyyii ykn haala atii barbaadduun kanfaltii malee argachu ni dandeessa. Sagantaa/kontoraata: Customer Service
Bilbila: 800-832-4580 (TTY: 800-735-2900)
Imeelii: healthplanresponse@samhealth.org
Waamicha bilbilaa hunda ni fudhanna ykn 711 irratti bilbilu ni dandeessa.

ROMANIAN / ROMÂNĂ

Puteți obține acest document în alte limbi, într-un font mărit, în limbajul Braille sau într-un alt format preferat, în mod gratuit. Program/contact: Customer Service
Telefon: 800-832-4580 (TTY: 800-735-2900)
E-mail: healthplanresponse@samhealth.org
Acceptăm toate apelurile prin serviciu de releu sau puteți suna la 711.

SIMPLIFIED CHINESE / 简体中文

您可以免费获得本文件的其他语言版本，或者大号字体、盲文及您所喜欢格式的版本。计划/联系人：Customer Service
电话：800-832-4580 (TTY: 800-735-2900)
电子邮箱：healthplanresponse@samhealth.org
我们会接听所有转接电话，或者您可以拨打 711。

SPANISH / ESPAÑOL

Puede obtener este documento en otros idiomas, en letra grande, en braille o en un formato que usted prefiera sin cargo. Programa/contacto: Customer Service
Teléfono: 800-832-4580 (TTY: 800-735-2900)
Correo electrónico: healthplanresponse@samhealth.org
Aceptamos llamadas de retransmisión o puede llamar al 711.

TRADITIONAL CHINESE / 繁體中文

您可以免費獲得本文件的其他語言版本，或者大號字體、盲人點字及您所喜歡格式的版本。計畫/連絡人：Customer Service
電話：800-832-4580 (TTY: 800-735-2900)
電郵：healthplanresponse@samhealth.org
我們會接聽所有傳譯電話，或者您可以撥打 711。

VIETNAMESE / TIẾNG VIỆT

Quý vị có thể có tài liệu này miễn phí bằng ngôn ngữ khác, bản in khổ lớn, chữ nổi hoặc một định dạng khác. Chương trình/liên lạc: Customer Service
Số điện thoại: 800-832-4580 (TTY: 800-735-2900)
Email: healthplanresponse@samhealth.org
Chúng tôi chấp nhận tất cả các cuộc gọi chuyển tiếp hoặc quý vị có thể bấm số 711.

Language access services

Everyone has a right to know about InterCommunity Health Network CCO's programs and services. All members have a right to use our programs and services. We give free help when you need it. Some examples of the free help we can give are:

- Sign language interpreters.
- Spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help, please call Customer Service at 541-768-4550, toll free 800-832-4580 (TTY 800-735-2900) to make a request for another format at no cost to you.

Visit us online at **[IHNtogether.org](https://www.ihn.org)**.

If you want to read or print a Member Handbook, you can find it at **[IHNtogether.org/Handbook2021](https://www.ihn.org/Handbook2021)**. If you want us to send you a Member Handbook, call Customer Service at the numbers listed above.

Servicios de lenguaje accesibles

Todos tienen derecho a estar informados acerca de los programas y servicios de InterCommunity Health Network. Todos los miembros tienen derecho a usar nuestros programas y servicios. Se brinda ayuda gratuita cuando usted la necesita. Algunos ejemplos de ayuda gratuita son:

- intérpretes de lenguaje de señas.
- intérpretes de idiomas hablados.
- materiales escritos en otros idiomas.
- braille.
- letra grande.
- audio y otros formato.

Si necesita ayuda, comuníquese con el Servicio de Atención al Cliente al 541-768-4550, número gratuito al 800-832-4580 (TTY 800-735-2900) para hacer una solicitud de otro formato sin costo para usted.

Visítenos en línea en **es.IHNtogether.org**.

Si desea leer o imprimir un Manual para miembros, puede encontrarlo en **es.IHNtogether.org/Manual2021**. Si desea que le enviemos un Manual para miembros, comuníquese con nuestro Servicio de Atención al Cliente a los números que figuran arriba.

Table of contents

How to contact us	1	Getting the care you need	15
What is the Oregon Health Plan?	2	Making the most of your health care visit	15
Your rights and responsibilities	2	How to schedule a visit	15
Your rights	2	Before your visit	15
Reporting unfair treatment	4	During your visit	16
End-of-life decisions and advance directives (living wills)	5	Before leaving your visit	16
Your responsibilities	6	Canceling visits	16
Reporting fraud, waste or abuse	7	Missed visits	16
About your coordinated care organization	8	Second opinion	17
Community Health Centers of Benton and Linn Counties	8	A copy of your records	17
Lincoln Community Health Center	9	Your records are private	17
County health departments	9	Prioritized List of Health Services	17
Mid-Valley Behavioral Care Network	10	Support services	18
Local health care providers	10	Interpreter services for health care visits	18
Oregon Cascades West Council of Governments	10	Oregon Relay	18
Senior Health Insurance Benefits Assistance Program	11	Getting a ride to covered services	19
Samaritan Health Plans	11	Center Against Rape and Domestic Violence	25
Samaritan Health Services	11	Meeting your diverse needs	26
Samaritan mental and behavioral health	11	Culturally sensitive health education	26
Involvement in CCO activities	12	LGBTQ+ and gender	26
Getting started	12	Native rights	27
Benefit packages	12	Traditional health workers	27
Becoming an IHN-CCO member	12	How we coordinate your care	28
Your IHN-CCO ID card	13	Patient-centered primary care home	28
Members with Medicare	13	Care helpers	29
Members with other insurance	14	Care coordination	29
		Getting medical care	31
		Your primary care provider assignment	31
		Specialist care	32
		Care while pregnant	32
		Covered medical benefits	32
		Non-covered services	37
		Urgent care	37

Urgent care providers	37	Getting telehealth services	53
Medical emergencies	39	Billing information	54
Getting care when out of town	40	What should I do if I get a bill?	54
Hospitals near you	40	My hospital bill was paid, but I received bills from other providers. What can I do?	55
Out-of-town emergencies	41	When will I have to pay for services on OHP?	55
Care after an emergency	41	Physician incentives	55
Getting prescription and over-the-counter drugs	41	Grievance system information and appeal rights	55
Formulary (List of Covered Drugs)	42	How to file a complaint or grievance	55
Specialty pharmacy	42	Appeals and hearings	56
Over-the-counter and mail order drugs	42	How to appeal a decision	56
Getting behavioral health care	42	If you need an expedited (fast) appeal	57
Mental health care	42	How to get an administrative hearing	57
Routine mental health care	43	Expedited (fast) hearing	57
Adult mental health care	43	Still having a problem?	58
Children’s mental health care	43	How to change CCOs	58
Behavioral health treatment agencies	44	Transition of care	58
Behavioral health benefits	45	Care while you change plans	58
Getting treatment for drug and alcohol use	46	Who can get the same care while changing plans?	59
Quitting tobacco	46	Words to know	60
Getting help to stop gambling	47		
Prescribed mental health drugs	47		
Statewide peer warmline	47		
Behavioral (mental) health emergencies and crises	47		
Declaration for mental health treatment	49		
Getting dental care	49		
Call your primary care dentist or dental plan	49		
Dental plans	50		
Covered dental benefits	50		
Non-covered dental services	51		
Urgent dental care	52		
Dental emergency contacts	52		

How to contact us

If you have questions or need assistance, please contact IHN-CCO:



Call us:

541-768-4550, toll free **800-832-4580** (TTY **800-735-2900**)

Monday through Friday: 8 a.m. to 8 p.m.

Fax us:

Our fax number is **541-768-6701**



Visit us:

2300 NW Walnut Blvd., Corvallis, OR 97330

Monday through Friday: 8 a.m. to 5 p.m.

Write us:

PO Box 1310, Corvallis, OR 97339



Email us:

IHNtogether.org/ContactUs

2021 Office closures/No Customer Service available:

- Friday, Jan. 1
- Monday, May 31
- Monday, Sept. 6
- Thursday, Nov. 25

What is the Oregon Health Plan?

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

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

Coordinated care organizations (CCOs) are a type of managed care. The Oregon Health Authority (OHA) wants people on OHP to have their health care managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the health care services they need.

Health services for OHP members, not in managed care, are paid directly by OHA. This is called fee-for-service (FFS) because OHA pays providers a fee for services they provide. It is also called an open card. American Indians, Alaska Natives and people on both Medicare and OHP can be in a CCO. They can ask to change to FFS anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Client Services can help you understand how to choose the best way to receive your health care. You can call OHP Client Services at 800-273-0557.

You will get an Oregon Health ID card that is the size of a business card. It lists your name, your OHP ID number and the date it was issued. Every person in your household who is eligible receives their own Oregon Health ID.

Your rights and responsibilities

Your "rights" are the things you can count on getting from us. Your "responsibilities" are the things we need from you. As a person with IHN-CCO coverage, you have many rights and responsibilities.

Your rights

As an IHN-CCO member, you have the right to:

Access

- Choose an in-network primary care provider (PCP) when you first enroll and change your PCP at other times.
- Get mental health and family planning services without a referral.
- Ask for services as close to home as possible, and in a non-traditional setting that is easier for you to use.
- Get a sexual abuse exam, if needed, without prior approval and you may self-refer.

- Get care when you need it, any time of day or night (including weekends and holidays) with no prior approval required.
- See a specialist without a referral.
- Get some health services on your own if you are younger than 18. OHP has a booklet called "Minor Rights: Access and Consent to Health Care." This booklet tells you the types of services minors can get on their own. It also tells you how minors' health care information may be shared. You can find this booklet online at ohp.oregon.gov. Click on "Minor rights and access to care."

Care

- Actively help develop your treatment plan or have family involved in your treatment plan.
- Get information about OHP-covered and non-covered treatment options for your condition.
- Agree to or refuse treatment (except for court-ordered services) and be told how that will affect you.
- Get the tests you need to find out what condition you have.
- Get coordinated care and services that are specific to your needs and are medically needed.
- Have steady and stable contact with the care team that is in charge of your complete care management.
- Get covered services that help you stay healthy.
- Have a medical chart kept up to date by your doctor.
- See and get a copy of your medical chart, unless there is a legal reason that does not allow it. You may ask to change or correct what is in your chart.
- Have your medical chart sent to another doctor.
- Have an advance directive or power of attorney and have your doctors follow it.
- Get a letter if you are denied a service or there is a change in service. You may not get a letter if the law does not require it.
- Be told ahead of time if your visit is not going to happen.
- Get covered services without owing copays.
- Get a second opinion from a doctor in our network. If you need a doctor outside our network, we can help you find one. You can get a second opinion at no cost to you.
- Get your doctor's opinion on treatment(s) available to you.

Support

- Have a friend, family member or helper come to your visits.
- Have a helper that will coordinate your care in the best location for you.
- Ask us how to connect to people who can support your overall health and well-being.
- Ask for a hearing with the state if you do not agree with our appeal answer.
- Get an interpreter approved by the state, at no cost to you.
- Share your concerns with the OHP ombudsperson. They can help advocate for you.

Nondiscrimination

- Be treated with dignity and respect.
- Be treated by your doctors the same as they treat all their patients.
- Get handbooks and letters that you can understand.
- Get services and support that fit your culture and language needs. This includes auxiliary aids and services.
- Have the same access to care as all members, no matter your age or sex.
- Complain or appeal and get a response from us without a bad reaction from your plan or provider.
- Be free from getting restrained or confined unless allowable or needed.
- Get a copy of our nondiscrimination policy.

Reporting unfair treatment

If you think IHN-CCO or a doctor treated you unfairly, please tell us. We must follow state and federal civil rights laws. We cannot treat people unfairly in any program or activity. Anyone can be a member of a protected class based on their:

- Age.
- Color.
- Disability.
- Gender identity.
- Marital status.
- National origin.
- Race.
- Religion.
- Sex.
- Sexual orientation.

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. We will make reasonable changes to policies, practices and procedures by talking with you about your needs. To get more details, call Customer Service. See "How to contact us" on page 1.

You can report unfair treatment to any of the agencies listed below.

InterCommunity Health Network Coordinated Care Organization:

Mail: SHP Compliance Officer
PO Box 1310, Corvallis, OR 97339

E-mail: SHPOCompliance@samhealth.org

Phone: 541-768-4550, toll free 800-832-4580 (TTY 800-735-2900)

Fax: 541-768-9791

Online: IHNtogether.org/Forms

OHA Civil Rights Manager:

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

Email: OHA.PublicCivilRights@dhsoha.state.or.us

Phone: 844-882-7889 (TTY 711)

Online: oregon.gov/oha/oei

Oregon Bureau of Labor and Industries Civil Rights Division:

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

Email: crdemail@boli.state.or.us

Phone: 971-673-0764

File online: oregon.gov/boli/workers/pages/complaint.aspx

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

Mail: U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Ave. SW, Room 509F, HHH Bldg.
Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

Phone: 800-368-1019 or TDD 800-537-7697

File online: hhs.gov/civil-rights/filing-a-complaint

End-of-life decisions and advance directives (living wills)

Adults (18 years and older) can make decisions about their own care. This includes the right to accept or refuse medical or surgical treatment. You could become so sick or injured that you would not be able to tell your doctors if you want a certain treatment or not. If you have written an advance directive, also called a living will, your doctors can follow your orders. If you don't have one, your doctors may ask your family what to do. If your family cannot or will not decide, your doctors will give you the standard care for your condition.

We will follow your advance directive. Some doctors may not follow advance directives. Ask your doctors if they will follow yours. Get an advance directive form and learn how to fill it out at:

IHNtogether.org/HowDoI.

We have more advance directive information available if you would like it. More information can be found on our website at **IHNtogether.org/HowDoI** or call Customer Service for details. See "How to contact us" on page 1.

If you do not want certain kinds of treatment like a breathing machine or feeding tube, you can write that in an advance directive. It lets you decide your care before it is needed, when you are unable to direct it yourself. Such as, if you are in a coma. If you are awake and alert your doctors will always listen to what you want.

You can get an advance directive form at most hospitals and from many doctors. You also can find one online at oregon.gov/oha/ph/about/documents/advance-directive.pdf. If you write an advance directive, be sure to talk to your doctors and your family about it. Be sure to give them a copy. They can only follow your wishes 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 you can write CANCELED in large letters, sign and date the copies. For questions or more details, contact Oregon Health Decisions at 800-422-4805 or 503-692-0894 (TTY 711).

If your doctor does not follow your wishes in your advance directive, you can complain. A form for this is at healthoregon.org/hcrqi.

Send your complaint to:

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

Email: mailbox.hcls@state.or.us

Phone: 971-673-0540 (TTY 971-673-0372)

Fax: 971-673-0556

Your responsibilities

When you applied for OHP, you agreed to give true and correct information. This section tells you more about other things you need to do as an IHN-CCO member.

As an IHN-CCO member, you agree to:

Work with your care team

- Find a doctor or other provider you can work with and tell them about your health.
- Treat all members of your health care team and their staff with the same respect you want.
- Be on time for your visits.
- Call your doctor's office at least one day before your visit if you cannot make it.
- Have yearly check-ups, wellness visits and other services to prevent illness and keep you healthy.
- Go to your PCP for all your health care needs, unless it is an emergency.
- Contact your doctor before going to an urgent care or emergency room, unless your condition is life threatening.
- Be honest with your doctor so your medical record is correct.
- Help your doctor get medical records from other doctors. You may need to sign a paper to give approval.

- Ask questions when you do not understand.
- Use your medical care team resources to make informed choices about your care.
- Help your doctor create a care plan.
- Follow the treatment plan you agreed to with your medical care team.
- Tell your doctor's office you have IHN-CCO and show them your ID card if they ask for it.
- Pay for services you agree to get that are not covered by IHN-CCO.

Inform

- Call OHP Customer Service at 800-699-9075 (TTY 711) when:
 - You or family member moves in or out of your house.
 - You change your phone number.
 - You become pregnant, are no longer pregnant or have your baby.
 - You need to report any other health insurance (or report at reporttpl.org).
- Provide IHN-CCO facts about other sources who are paying for your care. Pay back IHN-CCO for any bills we paid if you get a medical settlement.
- Tell IHN-CCO if you have a complaint or grievance.

Reporting fraud, waste or abuse

It is important to IHN-CCO that we do all we can to prevent fraud, waste and abuse. To do this, we follow all state and federal laws. You can help by reporting if it happens to you or if you see it happen to someone else. You will not get a bad reaction from your plan or doctor if you report it to us. If you do not report fraud, waste or abuse, when it happens it could cause problems for you.

A few examples of fraud, waste and abuse are:

- A scam to get money that belongs to the health care system. Such as, a doctor's office charging for a service you, or someone you know, did not get.
- Doctors doing more lab tests than are needed.
- Billing for services that are medically not needed.
- You lend your IHN-CCO member ID card to a friend so they can get care.

You should always report fraud, waste or abuse.

If you suspect a provider, you can report without giving your name, at the places below:

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice
100 SW Market St., Portland, OR 97201

Phone: 971-673-1880, toll free 877-877-9392

Fax: 971-673-1890

OHA Program Integrity Audit Unit (PIAU)

3406 Cherry Ave. NE, Salem, OR 97303-4924

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

Fax: 503-378-2577

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

If you suspect an IHN-CCO or OHP member, you can report it directly to IHN-CCO. You can also report it to the OHA Fraud Investigation Unit. See their contact information below. You do not need to give your name when you make a report.

DHS/OHA Fraud Investigation

PO Box 14150, Salem, OR 97309

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

Fax: 503-373-1525 Attn: Hotline

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

About your coordinated care organization

We are a coordinated care organization (CCO). We have no moral or religious objections when it comes to giving any treatment to our members. We are a group of all types of health care providers who work together for people on OHP in our community.

Some groups in our CCO are:

Community Health Centers of Benton and Linn Counties

The Community Health Centers of Benton and Linn Counties provide medical care that focuses on the whole person. You have a team of doctors, nurses, behavioral health specialists and others giving you care. Each of the six locations is a patient-centered primary care home (PCPCH). For details, go to bentonlinnhealthcenters.org.

Alsea Health Center

435 E Alder St., Alsea, OR 97324

541-487-7116

Benton Health Center

530 NW 27th St., Corvallis, OR 97330

541-766-6677

East Linn Health Center

100 Mullins Drive, Suite A-1, Lebanon, OR 97355

541-766-0200

Lincoln Health Center

121 SE Viewmont Ave., Corvallis, OR 97333
541-766-3546

Monroe Health Center

610 Dragon Drive, Monroe, OR 97456
541-766-6000

Sweet Home Health Center

799 Long St., Sweet Home, OR 97386
541-367-3888

Lincoln Community Health Center

Lincoln Community Health Center (LCHC) provides a full range of health care services to people of all ages who live Lincoln county. It also runs four school-based health centers for school-aged children. This health center meets the standards to be a PCPCH. For details go to co.lincoln.or.us/hhs/page/lincoln-community-health-center-4.

Lincoln City Primary Care Clinic

4422 NE Devils Lake Blvd., Suite 2, Lincoln City, OR 97367
541-265-4947

Mental Health Crisis Line

866-266-0288

Newport Primary Care Clinic

1010 SW Coast Hwy., Suite 203, Newport, OR 97365
541-265-4947

County health departments

County health departments provide vital public health services to people living in their counties. Some types of programs are:

- Medical care for all ages.
- Mental health care for all ages.
- Services for people with special needs.
- Services for mothers and babies.
- Family planning.
- Vaccines.
- Treatment for diseases that spread.

Benton County Health Department

530 NW 27th St., Corvallis, OR 97330
541-766-6677
co.benton.or.us/health/page/public-health

Lincoln County Health and Human Services (LCHHS)

36 SW Nye St., Newport, OR 97365
541-265-4179
co.lincoln.or.us/hhs

Linn County Department of Health Services

Courthouse Annex
315 SW 4th Ave., 2nd floor, Albany, OR 97321
541-967-3866 or toll free 800-304-7468
linncountyhealth.org

Albany office location:

Willamette Health Center
2730 SE Pacific Blvd., Albany, OR 97321

Lebanon office location:

Lebanon Clinic
1600 S Main St., Lebanon, OR 97355

Mid-Valley Behavioral Care Network

Mid-Valley Behavioral Care Network offers a range of mental health and chemical dependency services in Linn, Marion and Polk County. This network can be reached at 503-361-2647 for more information on services available.

Local health care providers

See the IHN-CCO provider directory for a complete listing of providers. You should check the list each time you are looking for a provider as it changes often. For details, call Customer Service or go to IHNtogether.org/FindCare. See "How to contact us" on page 1.

Oregon Cascades West Council of Governments

Oregon Cascades West Council of Governments (OCWCOG) manages many local, state and federal programs. It serves the counties of Benton, Lincoln and Linn. Some programs are:

Cascades West RideLine

Get rides to your health care visits for free. For details see section "Getting a ride" on page 19. Call 541-924-8738 or toll free 866-724-2975.

Senior and Disability Services

This program provides and connects people to social and health care support. For details, go to ocwcog.org/seniors-disability.

Toll free: 855-673-2372 (TTY 711)

Albany office:

1400 Queen Ave. SE, Suite 201, Albany, OR 97322
541-967-8720

Corvallis office:

777 NW 9th St., Suite 202C, Corvallis, OR 97330
541-758-1595

Toledo office:

203 N Main St., Toledo, OR 97391
541-336-2289

Senior Health Insurance Benefits Assistance Program

Senior Health Insurance Benefits Assistance Program (SHIBA) staff and volunteers educate and advocate for local residents about Medicare. They provide counseling and monthly Medicare classes in Benton, Lincoln and Linn counties. For details, go to ocwcog.org/community-services-programs/shiba.

Benton and Linn County: 541-812-0849

Lincoln County: 541-574-2684

Samaritan Health Plans

Samaritan Health Plans (SHP) is in charge of the health insurance functions of the IHN-CCO. It covers physical, behavioral health, dental and hospital care.

Samaritan Health Services

Samaritan Health Services (SHS) is the nonprofit parent company of SHP. It is made up of a network of hospitals, doctors, senior care and health plans. It serves 290,000 people of Benton, Lincoln and Linn counties as well as parts of Marion and Polk counties.

Samaritan mental and behavioral health

Samaritan's mental and behavioral health teams are here to help guide you through life trials and support you in reaching your health goals. The mental health care teams can help you with depression, loss, anxiety, anger, family problems and more. The behavioral health experts partner with you and your health care team to work on your health goals. Jointly, they can help you take steps toward feeling your best, both mentally and physically.

Involvement in CCO activities

IHN-CCO has a Community Advisory Council (CAC). Our CAC is made up of a group of volunteers from each IHN-CCO county. Most of them are OHP members. Other members are from government agencies and groups that provide OHP services. The CAC asks for ideas on how we can make IHN-CCO better for you. It also helps set up programs to get IHN-CCO members involved in their own care. CAC meetings are open to the public and input is welcome. We invite you to apply to serve on the CAC. For details on joining the CAC, call Customer Service or go to IHNtogether.org/CAC. See “How to contact us” on page 1.

Getting started

There will be times when you will get letters from OHP or IHN-CCO. You will get letters when:

- You first get OHP coverage.
- You are assigned to a CCO.
- There will be changes to your benefits. You will get your letter from us, at least 30 days before the change.
- Your benefit package changes.
- More information is needed to continue your benefits.
- It is time to renew your OHP coverage.

Benefit packages

Your benefit package is assigned by OHP. The covered health care services depends on your benefit package. This is based on the details you provided OHP when you applied. Your ID card and OHP coverage letter will tell you which benefit package you have been assigned. As an IHN-CCO member, you have all the benefits covered under the Oregon Health Plan and extra benefits from us.

This handbook is broken down into sections based on what coverage IHN-CCO provides you. Please see “Your IHN-CCO ID card” below, to know which benefit package you have been assigned. For medical care benefits, see pages 31 to 41. For behavioral health care benefits, see pages 45 to 49. For dental care benefits, see pages 49 to 52.

Becoming an IHN-CCO member

When you become a member, you receive an IHN-CCO ID card and a new member packet. The packet includes a member handbook, details about the provider directory and other materials. These will help you know your benefits to get the care you need. Please keep these materials for future use.

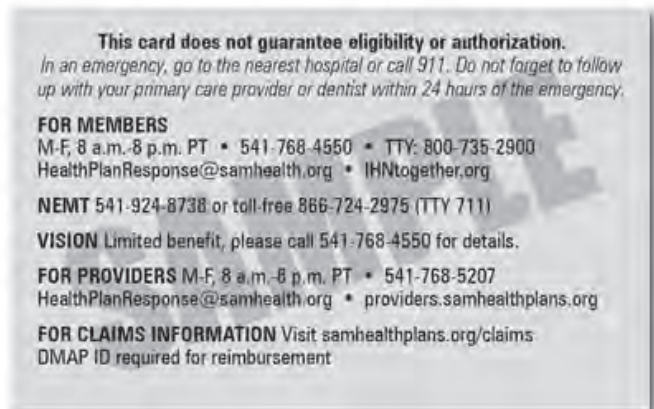
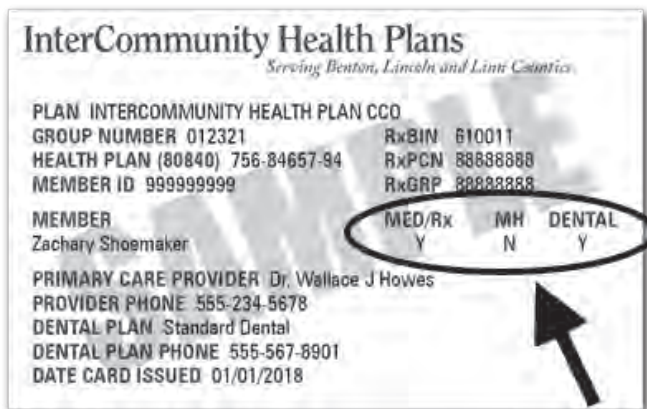
Providers listed in our provider directory are those that accept IHN members. You can find a primary care provider (PCP) or specialist in this directory. It is important to choose a PCP right away. Let us know if you are not able to see your health care team during the first month of enrollment. Your health care team may include your PCP, dentist, behavioral health or substance use disorder providers. If you need new orders for care, drug refills, supplies or services and cannot get them, call us. See “How to contact us” on page 1.

You can find the handbook at IHNtogether.org/Handbook2021 and the provider directory at IHNtogether.org/FindCare. If you would like a copy of either one, call us. See "How to contact us" on page 1. We will mail it to you within five business days.

Your IHN-CCO ID card

Your IHN-CCO ID card will be mailed to you after signing up for our plan. You may have already received it, or you may receive it in a few days. Each family member signed up for our plan will get their own card. Bring this card to your health care visits and show it to the front desk. If you do not get your card, or you need a new one, call us. See "How to contact us" on page 1.

Below is a sample of what your IHN-CCO ID card looks like:



The area circled above is where to look for the benefits you have with IHN-CCO. You may have only one type of coverage with IHN-CCO or you may have all your health coverage with IHN-CCO. Your card will show either a "Y" or an "N." If there is a "Y," IHN-CCO provides this coverage for you.

The types of coverage are:

- **MED/Rx:** Medical and pharmacy, see "Getting medical care" starting on page 31 for details.
- **MH:** Mental health, see "Getting behavioral health care" on page 42 for details.
- **DENTAL:** Dental, see "Getting dental care" on page 49 for details.

If you have questions about your ID card or coverage with IHN-CCO, please call us. See "How to contact us" on page 1.

Members with Medicare

If you have new Medicare coverage, there will be changes when you have Medicare coverage and OHP. We can help you figure out how these changes will impact you. As soon as you find out that you are, or will be, on Medicare, call your local Senior and Disability Services office or SHIBA program. See section "Oregon Cascades West Council of Governments" on page 10. They will help you learn more about these changes.

Some things that could change are:

- OHP can help pay Medicare cost shares and other things that Medicare does not cover.
- OHP will no longer cover some drugs that are covered by Medicare Part D.
- You may be able to enroll in a Medicare Advantage plan that has Medicare Part D coverage.
- You may be able to enroll in a Dual Special Needs Plan (DSNP) to help manage your IHN-CCO and Medicare benefits.

As an IHN-CCO member with Samaritan Advantage DSNP, we are here to help you. We coordinate benefits with your Medicare coverage. This means:

- We work closely with our providers to limit barriers and help members receive better care.
- We have made our prior approval process for Special Needs Plan (SNP) members easier.
- Your health care team works with one office to make sure all your needs are met.
- You work with one office to answer all your questions.
- Our claims department handles claims for both plans to make it easy for you.

You can change or leave our CCO any time. You must have a CCO for dental and mental health care. Talk to your provider or caseworker about the best choice for you.

Members with other insurance

Coordination of benefits

Coordination of benefits (COB) refers to how we make sure the right plan is paying benefits for you. You may also have coverage available through another source. This could include:

- Group health plan through work or your spouse's work.
- Court-ordered health coverage.
- Workers' compensation coverage.
- Automobile insurance.
- Long-term care insurance.
- Settlements from a liability insurer.

Veterans with a military service connection may also have coverage through Veterans Administration (VA) health benefits programs. Please let us know if you do. We will work with the VA to help meet your benefit needs.

We pay after all other sources of coverage have paid. This means that we may cover the copay or coinsurance from other plans. If we paid in error, we will try to recover the amounts that should have been paid by the other plan. To get the best benefits, you must help with our efforts. We also require providers to help. They do this by sharing other coverage information with us.

We give information about COB recovered amounts to OHA. This helps them in their recovery efforts. In some cases, amounts paid by us on your behalf may be recovered from other parties. This includes settlement proceeds.

If you think you may have other coverage, call Customer Service so we can help coordinate benefits for you. See "How to contact us" on page 1.

Payment for non-covered services

You can choose to get non-covered treatments and services. The provider's office should tell you up front if a treatment or service is not covered. They will tell you how much it costs. You must sign an Agreement to Pay form stating you agree to pay the cost.

Tell the provider's office and OHP right away if you have other insurance. Your other insurance may cover services that are not covered by us or OHP.

Bring your ID card for your other insurance to each visit with your provider. Your provider must bill any other insurance before they can bill us for your services. We will only pay the provider after the other insurance has paid, except in some special cases. We will only pay for services covered by OHP.

Getting the care you need

Making the most of your health care visit

It is important to meet with your doctors to help you stay healthy or get better when you are sick. It is best to prepare for your health care visit. When you are prepared for your visit, both you and your doctor can make the most of your time together. If you need to use a ramp or elevator, ask your doctor's office about their ADA (Americans with Disabilities Act) access. If you don't speak English, ask your doctor if they can perform the visit in your language. You may also ask your doctor's office to get you an interpreter.

How to schedule a visit

Call your PCP, primary care dentist (PCD) or mental health provider to schedule a visit. If you need help finding one, call Customer Service. See "How to contact us" on page 1. For a provider directory go to IHNtogether.org/FindCare.

Here are some helpful tips when scheduling a visit with a member of your health care team:

- Tell the provider's office you are an IHN-CCO member.
- Give them your name, ID number and a phone number where they can call you.
- Make sure to say how soon you need to go in. If you think your medical needs are urgent, tell the office and explain why.
- If you need an interpreter, make sure you tell the receptionist what language you speak. Ask for an interpreter at least three days before your visit.
- You can ask your provider's office about their ADA accessibility if you use a wheelchair or walker.
- Schedule separate visits for each of your family members who need them.

Before your visit

Here are some helpful tips to be prepared for your visit:

- Plan ahead so you will be on time.
- Have your IHN-CCO medical ID card and Oregon Health ID card ready to take with you.
- Ask someone to attend your visit with you who can help listen for important details.

- Make a list to take with you that includes:
 - Details about your condition the doctor needs to know.
 - Drugs you are currently taking.
 - Questions you have about your health or treatment.

If you are unable to attend your visit, call your doctor's office right away. You can cancel or change the visit to a time that works better for you.

During your visit

- Relax by taking slow, deep breaths. Your doctor is there to help you.
- Before you leave, make sure you understand:
 - What your disease or condition is.
 - What you need to do to help improve your health.
 - How doing what the doctor suggests will help you.
- Get the answers you need. If something is not clear to you, ask for it to be said again using other words.
- Write down the details of your visit to help you remember. You can ask for a printed visit summary, if you do not get one.

Before leaving your visit

Be clear on what you need to do next:

- Know where to go for any follow-up care.
- Know where to get any special treatments or tests.
- Know where to fill your prescription.
- Know when you should visit your doctor or other health care provider next.

Canceling visits

If you are unable to attend your visit, call your doctor's office right away. You can cancel or change the visit to a time that works better for you. Each office has its own rules about visits. They will tell you about their rules at your first visit. The rules say what to do if you will be late for a visit or if you need to cancel a visit. They also tell you what can happen if you miss or arrive late to too many visits. Be sure to ask questions if you do not understand the office's rules.

Missed visits

It is important to show up for your scheduled visits. Your doctor makes time to see you and knows the most about your health care needs. Please call your doctor's office if you cannot make your visit. If you miss too many visits without giving them notice, they could decide not to see you as a patient.

Second opinion

Second opinions are available for medical, dental or mental health care needs. If you want a second opinion about your treatment options, you can get one at no cost. No prior approval is needed for in-network doctors. If you want to see someone outside of our network, you or your doctor must get our prior approval.

You can ask your doctor who could give you a second opinion or you can call Customer Service. See "How to contact us" on page 1. If you have trouble getting a second opinion, file a grievance (complaint) with Customer Service. We will help you get access to a second opinion.

A copy of your records

You can have a copy of your medical records. Your doctor's office has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies. You can ask us for a copy of the records we have. We may charge you a reasonable fee for the copies. You may ask to change or correct what is in your medical records.

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

Your records are private

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

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality.

We have a paper called Notice of Privacy Practices that explains in detail how we use our members' personal information. We will send it to you if you ask. Just call our Customer Service and ask for our Notice of Privacy Practices.

Prioritized List of Health Services

The benefits and treatments for OHP members are based on a list of conditions and services ranked by the Health Evidence Review Commission (HERC). This list is called the Prioritized List of Health Services.

Covered benefits are based on where conditions and treatments fall on the list. Not all services are covered. The services that have been proven to help you are covered. OHP also covers services to diagnose a condition. This includes conditions that are not on the covered list.

Support services

Interpreter services for health care visits

You can have an OHA-approved language or sign language interpreter at health care visits if you want one, at no cost. When you call for a visit, tell the doctor's office that you need an interpreter and in which language. Details on health care interpreters are at [oregon.gov/oha/oei](https://www.oregon.gov/oha/oei).

To make sure that an interpreter will be at the visit, please have these details ready when you call:

- The name of the person the visit is for.
- The member's ID number.
- A number where you can be reached.
- The date and the time of the visit.
- The name of the doctor.
- The full address of where you need to go for the visit.
- The phone number of the doctor's office.
- The reason for the visit.

To arrange for an interpreter, either spoken or sign language, please tell your doctor's office. **Tell them at least three days before your visit and be ready to give them the details above.** If you cannot keep the visit, call your doctor's office right away.

Oregon Relay

Oregon Relay offers a free service that allows full phone use to those who are:

- Deaf.
- Hard of hearing.
- Deaf-blind.
- Speech impaired.

They have staff who have special training. They help those that use text-phone to be able to talk with those who use a standard phone. You can make a call from anywhere 24 hours a day. There are no limits on the number, length or type of calls that you make. Every call is private and there is no record kept of your conversation.

To use the Oregon Relay service, dial the toll-free relay number below. You will then connect with one of the trained staff members. They will dial the phone number that you request and relay the conversation. For more details about Oregon Relay, go to [oregonrelay.com/what-is-relay](https://www.oregonrelay.com/what-is-relay).

Oregon Relay

TTY 800-735-2900 or 711

Getting a ride to covered services

We partner with Cascades West RideLine to manage and provide rides to covered services. If RideLine is not able to provide a ride, they may pay for gas. This may be for you, a family member or friend to drive you to your visit. If you must travel overnight for approved services, RideLine may help pay for food and lodging.

IHN-CCO and RideLine cannot send you a bill for rides to or from covered services. This is true even if payment for the ride was denied.

We can help you get a ride to services that are not covered if you have care coordination with us.

Scheduling a ride

You can get a ride 24 hours a day, every day of the year. This service is offered at no cost to you. You can schedule a trip with RideLine up to 90 days before your visit. It is best to give them as much notice as possible before you need your ride. You can call to get a ride the same day for urgent services. When you call, you can schedule rides for more than one visit. A member representative may also call and make a trip request for you. A member representative may be:

- Your community health worker.
- Foster parent.
- Adoptive parent.
- Other provider delegated with this authority.

If you need to schedule a ride, call:

Cascade West RideLine

Phone: 541-924-8738, toll free 866-724-2975 (TTY 711)
Monday through Friday, 8 a.m. to 5 p.m.

RideLine Call Center is closed the following holidays:

- New Year's Day.
- Martin Luther King Jr Day.
- President's Day.
- Memorial Day.
- Independence Day (also known as the Fourth of July).
- Labor Day.
- Veterans Day.
- Thanksgiving.
- Day after Thanksgiving.
- Christmas Eve (closed at noon).
- Christmas.

For RideLine to choose the best service that meets your needs, they will ask you questions. Please be ready to answer the following when you call to schedule a ride:

- Your name.
- Your date of birth.
- Your address.
- Your preferred method of contact (phone, email, fax).
- Doctor or facility name.
- Doctor or facility address.
- Doctor or facility phone number.
- Date of your scheduled visit.
- Time of your scheduled visit.
- Pick-up time after visit.
- Medical reason for visit (to confirm coverage).
- Level of mobility (walker, wheelchair, scooter).
- Functional independence (personal care attendant, service animal).
- Any specific directions to your home or medical facility.

RideLine is responsible for confirming rides with their drivers.

Remember, call to cancel if plans change and you no longer need a ride.

Eligibility

Your answers to the questions above will be used to see if you qualify for rides. RideLine will enter the confirmation and the approved or denied rides in their system within 24 hours. If needed, this will take less time to make sure you arrive in time for your visit. Confirmation details will be given during your request call. They will also call you the day before your scheduled trip. These details will include:

- Your transport's name (RideLine).
- RideLine's phone number.
- Your pick-up time.
- Pick-up address.
- The name of your provider.
- The address of the provider's office.

Eligibility for a ride will be verified by:

- Checking to see if you qualify.
- Checking if your services are a covered OHP service or a Health Related Service.
- Checking if the provider offering the services accepts IHN-CCO members.
- Making sure these services cannot be offered by a provider within our service area.

If you are a Full Benefit Dual Eligible (FBDE) member, RideLine will make sure you have coverage with IHN-CCO. FBDE members can also get rides to Medicare covered services.

RideLine services

RideLine will choose the best service to meet your needs. These services include the type of ride and the level of driver support. The following types of services are offered:

- Reimbursement.*
- Sedan.
- Wheelchair.
- Stretcher.
- Secure transport.
- Dial-a-Ride, Greyhound and Amtrak.
- Plane fare.*
- Food and lodging.*
- Driver will meet you at the curb of your pickup location.
- Driver support walking up and down one or two stairs.
- Driver support walking from your door to the vehicle.
- Driver support walking from the vehicle to the facility lobby.

* *Type of trip requires prior approval from RideLine.*

When approved by RideLine, their drivers may come to your door or the main entrance of the medical building. This is to let you know they are ready to transport you. RideLine drivers may help you into the main lobby but will not go further into the building. If you need more help, you will need to bring someone to help you.

Service changes may be made to ensure you and the driver are safe. Changes to your service may happen when you:

- Have a medical condition that presents a direct threat to the driver or others in the vehicle.
- Threaten harm to the driver or others in the vehicle or create circumstances that put the driver or others in the vehicle at risk of harm.
- Often cancel or do not show up for the scheduled RideLine services.
- Have a special condition that includes physical or behavioral health disabilities.

RideLine drivers are not allowed to do the following:

- Enter your home or hospital room (except for hospital discharge).
- Help you get ready for the trip (such as getting dressed).
- Help you from bed to wheelchair, or wheelchair to van.
- Change scheduled pick-up times without written permission from RideLine.
- Help you with any personal needs during your rides.
- Ask for or accept fares or tips.
- Ask for or sell any products or services.
- Make extra stops or run errands.

Personal care attendant

A personal care attendant must go with you if you are not able to travel by yourself to your visits. You must provide your own personal care attendant. One personal care attendant can travel with you at no cost. RideLine only provides the ride and does not pay for wages, meals or other costs for your personal care attendant. Extra riders may have to pay a fare or a shared ride cost.

Children 12 years of age and younger must have one adult attendant with them at all times. This adult can go with the child at no cost and may be:

- The child's parent or legal guardian.
- An adult relative.
- An adult expressly identified in writing by the parent or legal guardian as an attendant.
- A Department of Human Services employee or volunteer.

Children 13 years of age and older do not need an adult with them to use RideLine. One adult may still travel with children under age 18 at no cost. Doctors may need an adult to give consent and be present for children under 18 to get care.

Pick-up and drop-off

You will be dropped off for your visit at the scheduled time. You will be picked up from your visit if you scheduled a return time. If you did not schedule a return pick-up time, you will need to call RideLine. A driver will arrive within one hour of your call.

Details to know about your pick-up and drop-off:

- Drivers will let you know when they arrive.
- Drivers must wait for you for 15 minutes past your scheduled pick-up time before leaving. The driver will leave if you are not in the car within 15 minutes of your pick-up time. The driver will notify RideLine before leaving.
- They may arrive earlier than your scheduled pick-up time. You do not have to get into the car before your scheduled time.
- You will be dropped off at least 15 minutes before your scheduled visit. This will keep you from being late to your visit.
- Drivers will not drop you off more than one hour before your scheduled visit.
- Drivers are not allowed to drop you off for your visit more than 15 minutes before the facility opens or within 15 minutes of the facility closing. You, a guardian, a parent or a representative may request a different amount of time.
- Drivers are not allowed to pick you up from your visit more than 15 minutes after the facility closes. You, a guardian, a parent or a representative may request a different amount of time.
- Drivers will not drop you off at a facility that is closed.

Delays and unplanned schedule changes

RideLine has contact with their drivers and will send cars as needed. If a driver has not arrived within 15 minutes from a scheduled pick-up time, RideLine will send another car. They will help you make it to your visit on time.

RideLine has a way to handle unplanned schedule changes. This may happen when there is a high volume of rides scheduled. RideLine may send another driver to help you get to your scheduled pick-up or drop-off site.

In case of bad weather

RideLine puts the safety of you and their drivers first. If our area is having extreme weather that will affect your trip needs, someone will call you. Extreme weather includes:

- High heat.
- Extreme cold.
- Flooding.
- Heavy snowfall.
- Icy roads.
- Tornado warnings.
- Some other conditions.

Each car has a working air conditioner and heater. All cars also have snow chains. If bad weather prevents a driver from getting to you, RideLine will call to cancel your trip.

If you need critical care, such as chemo or dialysis, RideLine will call the facility. If it is open, RideLine will send a driver. If it is closed, RideLine will not send a driver. They will tell you to call 911.

RideLine customer service staff are trained to assist with your trip needs. This includes changes due to bad weather. Call RideLine if you have questions or concerns about your ride.

Monitoring and documenting

IHN-CCO and RideLine must keep all information necessary to give rides, including:

- The ride details.
- Your member ID.
- The pick-up and drop-off details.
- The reason for the ride.
- If you or your driver does not show up for the ride.
- Payment details of the ride.
- Complaint details.

RideLine obeys the law to keep your information safe. All your information is kept private. RideLine will only tell the driver the details needed to give you your ride. This includes medical details, such as if you use oxygen. Drivers will not share any of your information outside of the ride (unless required) except with:

- RideLine.
- IHN-CCO.
- Oregon Health Authority.
- Oregon Department of Human Services.

IHN-CCO and RideLine also ensure that all RideLine cars and drivers meet the requirements found in the Oregon law. This law is called Vehicle Equipment and Driver Standards.

Drivers must meet all requirements in this law. Such as:

- Complete all required screenings.
- Be credentialed.
- Pass required background checks.

Cars must maintain safety and comfort standards. Such as:

- Have safety belts.
- Have fire extinguishers.
- Have first aid kits.
- Be smoke free.
- Be clean and free of trash.

For more details, call RideLine customer service at 541-924-8738, toll free 866-724-2975 (TTY 711).

Accidents and incidents

RideLine shall inform IHN-CCO right away of any accidents. They need to be told when the driver or passenger are injured or there was a death. They also need to be told if there has been any abuse or alleged abuse by the driver during the ride.

We will submit a written accident or incident report to OHA. A copy of the police report will be sent when one is ready. This will take place within two business days of the accident or incident after we have been informed. We will help in any related inquiry.

Member rights

You have the right to file a complaint with both RideLine and us. Reasons you can complain are:

- Being denied services (in full or in part).
- Driver or car safety.
- Quality of service.
- Appropriateness of service.
- Access to service.

There is no limit to how many times you can file a complaint. Neither RideLine nor IHN-CCO can stop you from filing a complaint, even if you already filed the same complaint.

RideLine and IHN-CCO will log, respond to and address your complaints. If your complaint includes a driver who did not show up for a scheduled ride, RideLine will call you for follow up. Required follow up will include asking you:

- If you were harmed by missing your visit.
- Whether you need or needed to reschedule your visit.

You have the right to appeal if you are denied a ride to a visit. Before your denial is final, there will be a second review of your request. RideLine will let you know about the denial at the time of the request. We will send you a letter within 72 hours. The letter will be mailed to you and to the provider where the visit was scheduled.

For more details about getting a ride, go to IHNtogether.org/Transportation.

Center Against Rape and Domestic Violence

Center Against Rape and Domestic Violence (CARDV) is a service that all community members can access. You do not need to be a member of IHN-CCO to get services or help. All services that this resource provides are private and confidential.

Services available are:

- 24-hour crisis response.
- 24-hour crisis and support line.
- 24-hour emergency shelter.
- Support groups.
- Restraining order help.

CARDV

Mail: PO Box 914, Corvallis, OR 97339

Crisis hotline: 541-754-0110

Phone: 800-927-0197 (toll free)

Online: cardv.org

Live chat: Monday through Friday, 10 a.m. to 4 p.m.

CARDV – Corvallis

Advocacy Center
2208 SW 3rd St., Corvallis, OR 97333

Phone: 541-738-8319

Administrative office
4786 SW Philomath Blvd., Corvallis, OR 97333

Phone: 541-758-0219

CARDV – Lebanon

2122 ½ S Santiam Hwy., Lebanon, OR 97355

Phone: 541-754-0110

Meeting your diverse needs

We value your dignity and diversity and the community where you live. We want to serve the needs of all people. We treat you with respect regardless of your:

- Culture.
- Language.
- Race.
- Ethnic background.
- Ability.
- Religion.
- Gender.
- Sexual orientation.
- Gender identification.
- Disability.

We want everyone to feel welcome and well-served in our plan.

Culturally sensitive health education

We have several healthy living programs and activities for you to use. Our health education programs include:

- Self-care.
- Prevention.
- Disease self-management.

For details about these services, call Customer Service or go to **IHNtogether.org**. See “How to contact us” on page 1.

LGBTQ+ and gender

We are aware that LGBTQ+ members often have unique wants and needs from the health care system. We want our plan and our doctors to treat you with respect and dignity. This should happen every time you seek or receive services. And should happen no matter how you identify:

- Lesbian.
- Gay.
- Bisexual.
- Transgender.
- Queer.
- Questioning.
- Other infinite ways people self-identify.

Or, to be more specific, your gender:

- Male.
- Female.
- Transgender.
- Non-binary.
- Two spirit.
- Gender fluid.
- Agender.
- And more.

Native rights

American Indians and Alaska Natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center. Care can be from an in-network or out-of-network IHS clinic or tribal wellness center. No prior approval is required to seek care from an IHS clinic or tribal wellness center. Also, no referral to or from a clinic or center is needed. This is true whether you are in a CCO or have FFS (fee-for-service) OHP. The clinic must bill us the same as our network providers. You can get care from the Native American Rehabilitation Association of the Northwest. You need a referral from an IHS clinic or wellness center. As an American Indian or Alaska Native, you can ask to change or leave your CCO anytime. Talk to your provider or caseworker about the best choice for you.

Traditional health workers

Traditional health workers (THW) promote healthy behaviors and can link you with local help. All THWs provide resources, education and work with you on what you need. They are able to come to your home. You do not need prior approval or a referral to see a THW. You can decide to see a THW on your own. All THWs have completed a training program. They are certified by OHA.

There are five types THWs:

- **Birth doulas** provide support to you and your family through pregnancy, childbirth and after giving birth.
- **Community health workers** help you adopt healthy habits and guide you through the health care system.
- **Personal health navigators** provide information, assistance, tools and support to help you make the best health care choices.
- **Peer support specialists** focus on giving you support through recovery from addiction and mental health conditions.
- **Peer wellness specialists** are people who have lived with a mental health condition. They have training to assist and advocate for you.

A few things that THWs can help you with are:

- Scheduling a visit.
- Finding a ride to your visit.
- Getting access to food.

- Finding childcare.
- Getting screening tests.

For details on services THWs provide, please contact our THW liaison:

Stephanie Jensen

Phone: 541-768-4550

Email: transformation@samhealth.org

Online: IHNtogether.org/THW

If the THW liaison contact for IHN-CCO changes, we will notify you in writing. You will also be able to find the updated THW liaison information at the link above.

How we coordinate your care

IHN-CCO coordinates the care you receive by bringing together medical, dental, mental and other health services. By working closely with you and your health care team, we can limit barriers and give you better care. We want you to get the best care possible.

IHN-CCO will reach out to all new IHN-CCO members to help you complete a health risk assessment (HRA). This assessment helps IHN-CCO to learn what your care coordination needs are or what health care needs you have right now that are not being met.

Sometimes we provide health-related services (formerly called flexible services) that OHP doesn't cover. These are non-medical services that CCOs may pay for in special situations. Health-related services can be for one person. They can also be for a community to benefit the broader population. They can be requested by you or your health care team. Call Customer Service for more details. See "How to contact us" on page 1. To fill out a service request online, go to IHNtogether.org/Forms.

Patient-centered primary care home

Another way we coordinate your care is to ask our providers to be recognized by the OHA as a patient-centered primary care home (PCPCH). That means they can receive extra funds to follow their patients closely. They also make sure all their medical, dental and mental health needs are met. You can ask your clinic or provider's office if it is a PCPCH. You can also call Customer Service if you need help finding a PCPCH near you. See "How to contact us" on page 1.

Your PCPCH will:

- Better coordinate your care to help you get the services you need, when you need them.
- Listen to your concerns and answer your questions.
- Offer after-hours help and options other than going to the emergency room.
- Help you play an active role in your health.

If you have special health concerns or conditions, you will be set up with other health providers to help you get the care you need. The members of your health care team work together to make sure they are all on the same page when it comes to your health.

Care helpers

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

- Care coordinators.
- Community health workers.
- Peer wellness specialists.
- Personal health navigators.

For details, call Customer Service. See "How to contact us" on page 1.

Care coordination

We offer care coordination services that provide custom-tailored support to you. You have access to care coordinators, social workers and health care guides. They can help find ways to meet your health care needs.

Care coordinators can help you know your benefits and how they work. In your welcome packet, you will find a form called "Care Coordination Request." If you would like care coordination, fill this out to give us more details about your needs. Once you have filled this out, please send it to the address that is listed on the form.

Health risk assessment

We urge you to take the health risk assessment (HRA) we offer at no cost. You will be contacted by phone to complete your Health Risk Assessment. This will happen shortly after you enroll with IHN-CCO, yearly or sooner, if needed. The results will help us know what services you need. By completing an HRA you will get a unique care plan. The plan can give extra help in areas where you need it the most. You will have help from a team of health care experts for support with:

- Understanding your drugs.
- Getting answers to questions you have about your health or treatment.
- Finding out what you can do to feel better.
- Identifying areas where additional support can be offered.

Your personal care plan will also be shared with your health care provider. Your provider can answer questions and make suggestions to improve your health. You may self-refer and no prior approval is needed to take the HRA.

Case management

Case management is offered for those with a chronic condition. Some of these conditions are:

- Diabetes.
- Asthma.
- Heart disease.

Nurses and social workers can help you understand your conditions and meet your health care goals.

Case management for members with IHN-CCO and Medicare

If you have both IHN-CCO and Medicare, you can get case management. This service helps to coordinate your care to meet your needs, goals and wishes. Case management staff call you by phone. They will ask about your health, create goals and help you get the care or services you need. A plan is made just for you to help you meet your goals. Your care team meets often to review your plan and to see if you have other needs.

Intensive care coordination

Intensive care coordination (ICC) is a special care management program designed to meet the needs of certain groups. These groups include members who:

- Are older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities.
- Have complex or high health care needs, or multiple or chronic conditions, or SPMI or are receiving Medicaid-funded long-term care services and supports (LTSS).
- Are children ages 0-5:
 - Showing early signs of social/emotional or behavioral problems.
 - Have a serious emotional disorder (SED) diagnosis.
- Are in medication assisted treatment for SUD.
- Are women who have been diagnosed with a high-risk pregnancy. This program focuses on education and support during pregnancy and after.
- Are children with neonatal abstinence syndrome.
- Are children in Child Welfare.
- Are IV drug users, have SUD in need of withdrawal management.
- Have HIV/AIDS.
- Have tuberculosis.
- Are veterans and their families.
- Are at risk of first episode psychosis, and individuals within the intellectual and developmental disability (IDD) populations.

Even if you do not fit into one of the groups above, you can still ask for ICC services. You may self-refer. This means you can ask for a visit yourself without a referral. These services include:

- Individualized care plan (ICP) made just for you.
- Coordinating health care with doctors, other providers and community agencies.
- Finding other resources for you.
- Helping you understand your benefits and how to get services or supplies.
- Working with you when you have trouble getting care.
- Getting health information and extra support when you need it.

Care coordinators work with your PCP and care team to create an ICP. This may begin by completing a health assessment. The ICP is a plan to help you reach your health goals. You may change your ICP at any time. There is no cost to you.

ICPs include:

- Member and caregiver prioritized goals and desired outcomes.
- What you want and how much you want to be involved.
- Time frame for reviewing your goals.
- Resources to be used, including the proper level of care.
- Planning for continuity of care. This includes transition of care and transfers between sites.
- Approaches that support working together. This includes family members who take part.

To self-refer and for details on how to access care management services or to reach a care coordinator, call Customer Service. See “How to contact us” on page 1.

Care coordination for services we do not cover

IHN covers most of your health care needs. There are certain cases in which we are unable to cover some services. We will provide care coordination and transportation, even when you get the following services that we do not cover. Some, but not all, of these services include:

- Out of hospital births. This includes prenatal and postpartum care, in certain situations.
- Some long-term services and supports.
- Helping you get access to some behavioral health services. Some of these are:
 - Certain drugs for some behavioral health issues.
 - Therapeutic group home reimbursement for members under 21 years of age.
 - Long term psychiatric care for members 18 and older.
 - Personal care in adult foster homes for members 18 and older.

For more details about care coordination, call Customer Service. See “How to contact us” on page 1.

Getting medical care

Your primary care provider assignment

We will be your main contact for any questions you may have about your primary care provider (PCP). Your PCP will manage your medical care and treatment. They will also make sure you can see specialists when needed. You may receive women’s routine and preventive services without prior approval or referral. Your PCP may provide these services, even if they are not a women’s health specialist. You can call your PCP’s office any time day or night, every day of the week. Even if the office is closed, there is still someone that can help you.

Please ask your provider’s office about their ADA accessibility, like ramps and elevators, if you have special needs. Some doctors who speak English also speak other languages. You can ask your doctor’s office if they have a doctor who speaks your language.

We will help you choose a PCP or change your PCP, if one has already been assigned to you. You can change your PCP at any time by calling Customer Service. We do not limit the PCP you choose if they are in our provider network and are accepting new patients. A current list of in-network PCPs can be found on our website at IHNtogether.org or you can call our Customer Service. See “How to contact us” on page 1.

Specialist care

A specialist is a provider who treats only certain health problems. For example, there are specialists who treat heart problems, joint pain or skin problems. Your PCP will usually be the one who decides if you need to see a specialist. Your PCP may refer you to a specialist. The specialist's office should call you to set up a visit. You can also call and refer yourself. Some services that require approval from us can be found on the prior approval list. You can find this list at [IHNtogether.org/PriorApproval](https://www.ihn.together.org/PriorApproval).

If you have a special health care need or you are getting long-term services and supports (LTSS) you do not need prior approval. You also do not need prior approval to get intensive care services.

For a list of in-network specialists, go to our website at [IHNtogether.org](https://www.ihn.together.org), or call Customer Service. See "How to contact us" on page 1.

Care while pregnant

We cover pregnancy care. If you become pregnant, it is important to tell OHP Customer Services right away. While you are pregnant there are more benefits you can get. It is also important to tell OHP Customer Services when your pregnancy ends. You can call them at 800-699-9075 (TTY 711).

Covered medical benefits

IHN covers most of your health care needs. There are certain cases in which we are unable to cover some services or provide care coordination. It is common for OHP to cover these services on a fee-for-service basis. Some, but not all, of these services include:

- Abortions.
- Administrative exams.
- Death with dignity.
- Hospice services for members in skilled nursing facilities (SNF).
- School-based services that are paid back by the educational services program.
- Services provided to people who receive Citizen/Alien-Waived Emergency Medical (CAWEM).
- Services provided to people who receive CAWEM Plus.
- Some long-term services and supports.

Coverage of the above benefits are not guaranteed. If you would like more details about a service from the list above, please call the KEPRO team at 800-562-4620.

The table below shows some of your covered medical benefits. These services are covered when you see an in-network provider. Most out-of-network services require prior approval. If you do not get approval, you may have to pay. See "Billing information" on page 54. You may get these services out-of-network without prior approval:

- Birth control.
- Dialysis.
- ER visits.
- Flu vaccines.

- Lab tests.
- X-rays.

The services listed are subject to the Prioritized List of Health Services and IHN-CCO/OHP rules. If you need a service that is not on this table, call Customer Service. Call before the service is scheduled. See “How to contact us” on page 1.

There is no cost to you for covered services you receive in-network. Benefits are subject to change.

Covered services	Approval for in-network services	Limits to care
Doctor visits		
Primary care provider	Not required	No limits
Specialist	Not required	No limits
Preventive services		
Colonoscopies	Not required	As recommended by your doctor
Family planning services and supplies	You can go to an out-of-network provider for family planning services and supplies.	Sterilization requires consent form be fully completed by a provider and member within the required timeframe before procedure. Call Customer Service for details (see “How to contact us” on page 1).
Mammograms (breast X-rays)	Not required	As recommended by your doctor
Prostate exams	Not required	As recommended by your doctor
Routine physicals	Not required	As recommended by your doctor
Screening for sexually transmitted diseases (STDs)	Not required	No limits
Testing and counseling for AIDS and HIV	Not required	No limits
Well-child visits for babies, children and teens	Not required	As recommended by your doctor
Women’s exams	Not required	As recommended by your doctor
Prescriptions drugs		
Contraceptives	Some prescribed drugs require approval.	Up to a 90-day (three-month) supply with a prescription.
Mental health drugs NOTE: Covered by OHP	—	Not covered by IHN-CCO (see “Prescribed mental health drugs” on page 47 for details).

Covered services	Approval for in-network services	Limits to care
Other medications	Some prescribed drugs require approval.	Up to a 34-day (one-month) supply with a prescription.
Laboratory and X-ray		
Blood draw	Not required	No limit
CT scans	Not required	As recommended by your doctor
MRIs	Approval required	As recommended with approval
X-rays	Not required	No limit
Immunizations/shots		
Preventive vaccines	Not required	Age 17 and younger: Vaccines must be given at a provider's office. Age 18 and older: Covered vaccines may be given at a provider's office, in-network pharmacy or health department.
Work, education or travel vaccines	—	Not covered by IHN-CCO or OHP.
Pregnancy and postpartum care		
Breast pump	Approval is required if the billed amount is over \$300 or rental length more than three months.	Covered as preventive when supplied by a contracted durable medical equipment (DME) supplier.
Child birthing/ Lamaze classes	Not required	Covered if done at a hospital in IHN-CCO's service area (Benton, Lincoln or Linn counties). Call Customer Service for details (see "How to contact us" on page 1).
Postpartum care (care you get after your baby is born)	Not required	No limit
Prenatal visits with your provider	Not required	No limit
Routine vision services	Not required	Available for pregnant women. Call Customer Service for details (see "How to contact us" on page 1).
Labor and delivery		
Inpatient hospital admission	Approval is required for stays more than 96 hours (four days).	No limit

Covered services	Approval for in-network services	Limits to care
Hospital stays		
Emergencies	Not required	No limit
Scheduled surgery	Approval required	No limit with approval
Newborn care		
Circumcision for newborn	Approval required	Not covered unless medically needed.
Newborn inpatient stay	Approval is required for stays more than 96 hours (four days).	Newborns will require their own insurance. Call the state of Oregon or your case manager to tell them about the birth and to get your newborn enrolled in OHP.
Outpatient surgery		
Ambulatory surgical center (ASC) or outpatient hospital	Approval is required except for GI, ear, nose and throat endoscopies, and colonoscopies.	No limit with approval
In-office procedures	Some procedures require prior approval.	May be limits depending on the service
Therapy		
Acupuncture	Approval is required if more than 30 visits per calendar year.	—
Cardiac/pulmonary therapy	Approval is required if more than 30 visits per calendar year.	As recommended by your doctor
Massage therapy	Not required	Massage therapy is only covered during a physical or occupational therapy session when other treatments are provided.
Occupational therapy (OT)	Approval is required if more than 30 visits per calendar year.	No limit on visits for the first year following a serious injury to the spinal cord, traumatic brain injury or a cerebral vascular injury.
Physical therapy (PT)	Approval is required if more than 30 visits per calendar year.	No limit on visits for the first year following a serious injury to the spinal cord, traumatic brain injury or a cerebral vascular injury.
Speech therapy (ST)	Approval is required if more than 30 visits per calendar year.	No limit on visits for the first year following a serious injury to the spinal cord, traumatic brain injury or a cerebral vascular injury.

Covered services	Approval for in-network services	Limits to care
Vision		
Contact lenses	Approval required	—
Eye hardware	Not required	Available for adults 21 and older only if pregnant or with certain diagnoses. Call Customer Service for details (see “How to contact us” on page 1).
Medical eye exams	Not required	Available for all members as needed
Routine eye exams	Not required	Available for adults 21 and older only if pregnant or with certain diagnoses. Call Customer Service for details (see “How to contact us” on page 1).
Specialty services		
Abortion NOTE: Covered by OHP	—	Not a covered service by IHN-CCO.
Chiropractor	Not required	Approval and limits based on OHP guidelines.
Durable medical equipment (DME) and supplies	Approval is required if the billed amount is over \$300 or rental length more than three months.	Approval and limits based on OHP guidelines Call Customer Service for details (see “How to contact us” on page 1).
Endoscopies	Approval is required for capsule/wireless endoscopy and motility monitoring studies.	As recommended by your doctor
Hearing exams and screenings	Not required	No limits
Hearing aids	Approval is required if the billed amount is over \$300.	Adults who meet criteria are limited to one hearing aid every five years (two may be authorized if certain criteria are met). Children who meet criteria are allowed two hearing aids every three years.
Home health	Not required	Non-medical assistance is not included and is not covered.
Hospice	Not required	No limits
Prostate exams	Not required	May be covered as a specialist visit when member presents with a problem.
Skilled nursing facilities (SNF)	Approval is required for stays more than seven days.	Limits apply. Call Customer Service for details (see “How to contact us” on page 1).

Non-covered services

We try to cover the services you need to treat common health problems and keep you healthy. Sadly, IHN-CCO and OHP cannot cover every service. Some examples of non-covered medical services are:

- Cosmetic surgeries or treatments that only improve appearance, not function.
- Services to help you get pregnant.
- Treatment for conditions that get better on their own without going to the doctor.
- Treatment for conditions that can be treated at home.
- Treatments that are not approved by the Federal Drug Administration (FDA) or that may not be proven to work.

If you have care coordination with us, call Customer Service. See “How to contact us” on page 1. We can give you details on services that are not covered.

Urgent care

Always call your doctor’s office first about any health problem. Someone will be able to help you day or night. This includes weekends and holidays. If you cannot reach your doctor’s office about an urgent problem or they cannot see you soon enough, you can still get help right away. You can go to an urgent care or walk-in clinic without a scheduled visit. If you don’t know how urgent the problem is, call your PCP.

Examples of urgent medical situations include:

- Bladder infection.
- Burns.
- Ear infection.
- Severe pain that won’t go away.
- Severe sore throat.
- Sprains.

Urgent care providers

Albany

Samaritan Urgent Care Walk-In Clinic — Geary Street

1700 Geary St. SE, Albany, OR 97322

541-812-5500 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 10 a.m. to 6 p.m.

Samaritan Urgent Care Walk-In Clinic — North Albany

400 NW Hickory St. NW, Suite 303, Albany, OR 97321
541-812-5275 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 10 a.m. to 6 p.m.

SamCare Express — Albany

1970 14th Ave., Suite 130, Albany, OR 97322
541-812-5670 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 6 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 10 a.m. to 6 p.m.

Corvallis**Samaritan Urgent Care Walk-In Clinic — Corvallis**

5234 SW Philomath Blvd., Corvallis, OR 97333
541-768-4970 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 10 a.m. to 6 p.m.

SamCare Express — Corvallis

990 NW Circle Blvd., Suite 101, Corvallis, OR 97330
541-768-5166 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 6 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 10 a.m. to 6 p.m.

The Corvallis Clinic Immediate Care

3680 NW Samaritan Drive, Corvallis, OR 97330
541-754-1282 (TTY 800-735-2900)

Monday through Friday: 8 a.m. to 8 p.m.

Saturday through Sunday: 10 a.m. to 5 p.m.

Depoe Bay**Samaritan Depoe Bay Clinic**

531 N Highway 101, Suite A, Depoe Bay, OR 97341
541-765-3265 (TTY 800-735-2900)

Monday through Friday: 8 a.m. to 6 p.m.

Lebanon

Samaritan Urgent Care Walk-In Clinic — Lebanon

35 Mullins Drive, Suite 2, Lebanon, OR 97355

541-451-7915 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Sunday: 10 a.m. to 6 p.m.

Lincoln City

Samaritan Coastal Clinic

825 NW Highway 101, Suite A, Lincoln City, OR 97367

541-996-7480 (TTY 800-735-2900)

Monday through Friday: 8 a.m. to 8 p.m.

Saturday and Sunday: 9 a.m. to 6 p.m.

Newport

Samaritan Pacific Walk-In Clinic

930 SW Abbey St., Newport, OR 97365

541-574-4860 (TTY 800-735-2900)

Monday through Friday: 9 a.m. to 6:30 p.m.

Saturday and Sunday: 9 a.m. to 5:30 p.m.

Sweet Home

Sweet Home Family Medicine

679 Main St., Sweet Home, OR 97386

541-451-6250 (TTY 800-735-2900)

Monday through Friday: 8 a.m. to 4:30 p.m.

Medical emergencies

If you think you have an emergency, call 911 or go to the closest emergency room (ER). You do not need prior approval to get care during an emergency. A ride to the hospital in an ambulance is covered without prior approval, if it is an emergency.

An emergency might be:

- Bleeding that will not stop.
- Broken bones.
- Chest pain.
- Mental health emergency.
- Trouble breathing.

Please do not use the ER for things that can be treated in your doctor's office. Sometimes ERs have a very long wait and it may take hours to see a doctor. You should only go to an ER when you have to. Below are the closest ER sites to you.

Getting care when out of town

If you get sick or injured when you are away from home, call your PCP and follow the advice given. If you need urgent care, find a local doctor who will see you right away. Ask that doctor to call your PCP to coordinate care. Urgent care services are covered anywhere in the U.S. without prior approval.

Hospitals near you

You can receive hospital and emergency care at the local sites listed below. All of these sites offer language and interpreter services.

Albany

Samaritan Albany General Hospital

1046 6th Ave. SW, Albany, OR 97321
541-812-4000 (TTY 800-735-2900)

Corvallis

Good Samaritan Regional Medical Center

3600 NW Samaritan Drive, Corvallis, OR 97330
541-768-5111 (TTY 800-735-2900)

Lebanon

Samaritan Lebanon Community Hospital

525 N Santiam Hwy, Lebanon, OR 97355
541-258-2101 (TTY 800-735-2900)

Lincoln City

Samaritan North Lincoln Hospital

3043 NE 28th St., Lincoln City, OR 97367
541-994-3661 (TTY 800-735-2900)

Newport

Samaritan Pacific Communities Hospital

930 SW Abbey St., Newport, OR 97365
541-265-2244 (TTY 800-735-2900)

Out-of-town emergencies

If you have an emergency when you are away from home, call 911 or go to the nearest ER. Your care will be covered until you are stable. No prior approval is needed when you have an emergency. Call your PCP for follow-up care after the emergency.

OHP covers emergency care at any hospital, anywhere in the U.S. You should know what can happen if you have an emergency outside of Oregon. Even if your CCO has approved an ER visit in another state, this does not mean that all providers who give you care during an emergency are willing to bill your CCO. This means you could receive a bill for those services. See “Billing information” on page 54 for more details.

Steps to take for an out of state ER visit:

1. Take your IHN-CCO ID card with you when you travel out of state.
2. Present your card as soon as you can. Ask if they are willing to bill us.
3. Contact us to discuss the problem. Ask for advice on what to do.
4. Do not sign any forms until you know the provider is willing to bill us.
5. If you can, have your CCO speak with the ER while you are there.

In times of emergency the steps above are not always possible. Being prepared and knowing what steps to take during an emergency can help solve billing issues. This is best to do while you are at the ER out of state. Taking these steps may help you avoid getting bills for services you receive out of state.

OHP will not pay for any care you get outside the U.S. This includes Mexico, Canada or other countries.

Care after an emergency

This type of care is called post stabilization care. This type of care does not require prior approval. It means that care related to your emergency is covered until you are stable and is meant to help you remain stable. Post-stabilization care ends when the provider treating your emergency decides that you are stable. Call your PCP or mental health provider for follow-up care. Follow-up care once you are stable is covered, but not considered an emergency.

Getting prescription and over-the-counter drugs

We will pay for most drugs if prescribed by your doctor or dentist. You may fill prescriptions at almost any pharmacy in Benton, Lincoln and Linn counties. Just ask your pharmacy if they accept IHN-CCO. If there are problems with the pharmacy filling your prescription, they can call Customer Service. See “How to contact us” on page 1.

Most drugs you will get for mental health are covered by OHP. See prescribed mental health drugs on page 47 for more details.

If you are planning to go out of town, be sure you have enough drugs to last while you are gone. Talk to your doctor, dentist or mental health provider before you leave town. They can help you get drug refills before you leave. They will be able to advise you on what to do so you will not run out while you are gone.

Formulary (List of Covered Drugs)

A formulary is a list of covered prescription drugs. All IHN-CCO providers can search our list before they prescribe one. When you need a drug, your doctor will choose one from the list. Drugs that are not on the list are called non-formulary. You can find our List of Covered Drugs online at IHNtogether.org/Prescriptions. If you would like a copy mailed to you, you can call Customer Service. See "How to contact us" on page 1. We will send you one within five business days.

If for some reason you need a drug that is not on the List of Covered Drugs, your doctor can ask for an exception. We will determine if it is medically needed for you to have a drug that is not on our List of Covered Drugs. If you have a high medical need for the drug, we will pay for it.

Specialty pharmacy

Samaritan Specialty Pharmacy will help to get you the drugs that you need. They provide free services that are designed just for you. They work with your doctor to make sure that your drugs are working well for you. When a refill is needed, they will order it for you. This pharmacy will also:

- Work with you and your doctor during your treatment.
- Provide support about your drug.
- Drop-off your drugs to you or a place of your choice (FedEx, courier or home delivery).
- Provide 24/7 on-call pharmacists to answer your questions.

Over-the-counter and mail order drugs

We cover many over-the-counter drugs (OTC). You can find them on our List of Covered Drugs. Some OTC drugs on the list need prior approval. If an OTC drug is not listed on the List of Covered Drugs, a prior approval is needed before we will pay for the drug.

We have some in-network pharmacies that will mail your drugs to you. Please review the list of pharmacies on our website: IHNtogether.org/Prescriptions. You are limited to a maximum 34-day supply of drugs. This does not include birth control, even when provided through a mail service.

Getting behavioral health care

Mental health care

Mental health care is available to all OHP members. You can get help for issues like:

- Depression.
- Anxiety.
- Family problems.
- Difficult behaviors.

We cover a mental health assessment to find out what kind of help you need. If you need it, we cover case management, therapy and care in a psychiatric hospital. OHP covers behavioral rehabilitation services.

You can have an assessment of your mental health needs. Call your county mental health agency and tell them you want to schedule a visit with a counselor. See pages 44 to 45 of this handbook for agency details. You do not have to know if you have a mental health problem to schedule a visit. If you think you might, that is enough. At your first visit, the counselor will help you decide if you need mental health treatment. They will also help you decide if you need other types of care.

IMPORTANT: You do not need a referral to get mental health care from an in-network provider. Please see our provider directory for a list of network providers.

Routine mental health care

Our mental health treatment agencies are listed in the next section of this handbook. They are arranged by county and then by city. You can call any of these agencies to schedule a visit for routine care. You do not need a referral from a doctor or anyone else to get care. If you need help choosing an agency or want a list of providers at each agency, call Customer Service. See "How to contact us" on page 1.

Please have your IHN-CCO Member ID card with you when you call us. We will confirm the location of where you would like to see a provider. We may ask for basic information if you bring up a request or concern. This information will help us decide which agency may best meet your needs.

IMPORTANT: Always bring your IHN-CCO member ID card with you to each visit. The treatment agency will use your ID card to check your eligibility.

Adult mental health care

There is help for adults with serious mental illness. One option is Choice Model Services. They help coordinate care when adults leave the Oregon State Hospital to live in the community. The goal is to avoid going back to the state hospital. The Choice Model helps members get the services they need. This may include:

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

Assertive Community Treatment (ACT) is a service we offer without needing a prior approval. ACT offers different types of providers that provide treatment and support 24 hours a day, seven days a week.

Children's mental health care

Children with behavioral challenges are served through Wraparound or intensive care coordination (ICC). ICC services are tailored to meet the child's and family's needs. System of care and Wraparound planning involve everyone in the child's life. They form a team around the child and family to plan supportive services. This team may include:

- Schools.
- Community organizations.
- Doctors.
- Criminal justice system.
- Others.

Your county mental health program can help decide if your child is eligible. You can get help for your child at your local office listed below.

Behavioral health treatment agencies

Benton county

Benton County Behavioral Health

530 NW 27th St., Corvallis, OR 97330

Phone: 541-766-6835

Fax: 541-766-6186

Monday through Friday: 8 a.m. to 5 p.m.

co.benton.or.us/health/page/behavioral-health

Samaritan Mental Health Family Center

3517 NW Samaritan Drive, Suite 101, Corvallis, OR 97330

Phone: 541-768-4620

Fax: 541-768-4621

Monday through Friday: 8 a.m. to 5 p.m.

samhealth.org/FamilyCenter

Lincoln county

co.lincoln.or.us/hhs/page/lincoln-county-health-human-services

Lincoln County Behavioral Health — Child and Family

36 SW Nye St., Newport, OR 97365

Phone: 541-265-4179

Monday through Friday: 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Some evenings are available by appointment only.

Lincoln County Behavioral Health — Adult Behavioral Health

51 SW Lee St., Newport, OR 97365

Phone: 541-754-5960

Monday through Friday: 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Some evenings are available by appointment only.

Lincoln County Behavioral Health — Lincoln City

4422 NE Devils Lake Blvd., Suite 2, Lincoln City, OR 97367

Phone: 541-265-4196

Fax: 541-994-1882

Monday through Friday: 8 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Some evenings are available by appointment only.

Linn county

Linn County Mental Health Services

linncountyhealth.org/mh

Adult & Children's Outpatient Programs and Community Support Services & Crisis Team

Albany location:

445 3rd Ave. SW, Albany, OR 97321

Phone: 541-967-3866 / Toll free: 800-304-7468

You can also call either of these numbers to reach the 24-hour crisis line any day of the week.

Monday, Wednesday, Thursday and Friday: 8:30 a.m. to 5 p.m.

Tuesday: 8:30 a.m. to 7 p.m.

Mail to: PO Box 100, Albany, OR 97321

Lebanon location:

1600 S Main St., Lebanon, OR 97355

Phone: 541-451-5932, or toll free 800-451-2631

You can also call either of these numbers to reach the 24-hour crisis line any day of the week.

Monday through Friday: 8:30 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Sweet Home location:

799 E Long St., Sweet Home, OR 97386

Phone: 541-367-3888, or toll free 800-920-7571

You can also call either of these numbers to reach the 24-hour crisis line any day of the week.

Monday through Thursday: 8:30 a.m. to 5 p.m. (closed from noon to 1 p.m.)

Behavioral health benefits

The tables in this section show some of your covered behavioral health benefits. These services are covered when you see an in-network provider. All out-of-network services must have prior approval, unless it is an emergency. If you do not get approval, you may have to pay. See "Billing information" on page 54.

The services listed are subject to the Prioritized List of Health Services and IHN-CCO/OHP rules. If you need a service that is not on this table, call Customer Service. Call before the service is scheduled. See "How to contact us" on page 1.

There is no cost to you for covered services you receive in-network. Benefits are subject to change.

Behavioral and mental health covered services	Approval for in-network services	Limits to care
Intensive care coordination	Not required	No limit
Inpatient	Approval required	No limit
Outpatient counseling/therapy	Not required	No limit
Behavioral health assessment and evaluation	Not required	No limit
Residential	Approval required	No limit

Getting treatment for drug and alcohol use

If you think you need help for an alcohol or drug problem, talk to your PCP. You can also call a drug and alcohol provider directly. These providers have extra training to help people quit. You do not need a referral from your PCP for these services. For a list of contracted providers, see our full provider directory on our website at IHNtogether.org/FindCare. You can call Customer Service with questions. See “How to contact us” on page 1.

Quitting tobacco

We offer ways to help you quit smoking or using tobacco products. You can call your doctor or the Oregon Tobacco Quit Line, a phone-based program.

Help from your doctor:

- They can give you tips on quitting smoking and using tobacco products.
- They may prescribe drugs that can help you quit.

Oregon Tobacco Quit Line:

If you need help to quit smoking or using tobacco products, call the Quit Line. Some of the services they offer are:

- Treatment sessions (up to 10 sessions every three months).
- Prescription and over-the-counter products (such as gum, patches and oral drugs).
- Use live chat to get personal support.
- Receive texts that can help you quit.

Call to get help:

English: 800-QUIT-NOW (800-784-8669)

Spanish: 855-DEJELO-YA (855-335-3569)

TTY: 877-777-6534

Online: quitnow.net/oregon.

Call Customer Service for details. See “How to contact us” on page 1.

Getting help to stop gambling

If gambling is causing a problem in your life, you can get help. Help is free, it will be kept private and it works. Treatment and counseling services are available. They are free to any Oregon resident who has problems related to gambling. Family members or friends of a problem gambler can also get free help.

Anyone worried about gambling can get help 24 hours a day, 7 days a week. You can get a referral to a free treatment program. You can also get help right away by:

- Calling the Problem Gambling Help Line, 877-MY-LIMIT (877-695-4648).
- Chatting online with a certified gambling counselor, **1877mylimit.org**.
 - Monday through Friday, 9 a.m. to 9 p.m.

There is no cost to you for covered services you receive in-network. Benefits are subject to change.

Substance use disorder covered services	Approval for in-network services	Limits to care
Medication-assisted treatment	Not required	No prior approval is required during the first 30 days of treatment.
Counseling/therapy	Not required	No limit
Detox	Approval required	No limit
Residential treatment	Approval required	Approval is based on OHP guidelines.

Prescribed mental health drugs

We do not cover all prescribed drugs. Most drugs people take for mental illness are paid directly by OHP. Please be ready to show your pharmacy your Oregon Health ID and your IHN-CCO ID cards. The pharmacy will know where to send the bill.

Statewide peer warmline

The Oregon Warmline Hotline is a phone support service. People who have had mental health struggles answer the phone. They can support their peers who also struggle with a range of hardships. They do not give out any advice and they do not try to get them to do anything. Sometimes people just need a friendly person to listen and care about what they are going through. All Oregon residents have access to trained peers at no cost. If you want someone to talk to, call 800-698-2392.

For more details about the warmline visit communitycounselingsolutions.org/warmline. Hours are listed on their website.

Behavioral (mental) health emergencies and crises

You have access to crisis services 24 hours a day, 7 days a week. A mental health crisis is when a person needs help quickly. This is so their mental health problem or concern does not become an emergency. A mental health crisis can be such things as:

- Feeling out of control.
- Feeling like you may harm yourself or others.
- Anything that you believe needs immediate attention.

If you already have a provider, they will tell you how to reach them during a mental health crisis. If you are having a crisis, follow the plan made with your provider.

If you do not have a provider, or cannot reach them, call the number below for your county. You can also call Customer Service. See “How to contact us” on page 1. Tell the person who answers that you are having a mental health crisis. You will be connected to a local crisis service worker as soon as possible. The crisis worker will talk with you to help decide the best way to handle the crisis. Tell them about your OHP insurance as soon as you can.

A mental health emergency is feeling or acting out of control. It could also be a situation that might harm you or someone else. Get help right away. Do not wait until there is real danger. Call your county crisis hotline below, call 911 or go to the ER. Mental health emergencies do not require prior approval anywhere in the U.S. There are times when you must call 911 in an emergency. A ride to the hospital in an ambulance is covered without prior approval if it is an emergency. Mobile crisis services are meant to help calm you in your current setting during a crisis. These services are given in person by a mental health provider. If you need mobile crisis services, call the phone numbers below for the crisis hotline in your county.

If you have a mental health emergency

Call a 24/7 crisis hotline:

Benton County: 888-232-7192

Lincoln County: 866-266-0288

Linn County: 866-266-0288

— or —

Call 911

Respite (relief) services

We work with the following programs to provide relief services:

- **Janus House** – Helps members of our community who are at risk of going to the hospital due to behavioral health crises.
- **Jasper Mountain SAFE Center** – Helps to give short term respite for youth IHN-CCO members.
- **Morrison Child and Family Services** – Helps provide respite through certified foster homes for youth ages 2 to 17 in our counties.

Please work with your care team to get these services. Respite services are not self-referral and need coordination with your provider.

Declaration for mental health treatment

Oregon has a form for writing down your wishes for mental health care if you have a mental health crisis. This also applies if for some reason you cannot make decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. You should complete it while you can still understand and make decisions about your care. It tells what kind of care you want when you are unable to make your wishes known. Only a court or two doctors can decide if you are unable to make decisions about your treatment.

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

A declaration form is only good for three years. If you become unable to decide during those three years, it will remain good until you can make decisions again. You may change or cancel it when you can understand and make choices about your care. You must give your form to your doctor or mental health provider. You must also give a copy to the person you name to make decisions for you.

To find this form, visit the State of Oregon's website at:
sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9550.pdf.

You can complain if your provider does not follow your wishes as stated in your declaration form. A complaint form for this is at **healthoregon.org/hcrqi**.

Send your complaint form to:

Health Care Regulation and Quality Improvement

800 NE Oregon St., #305, Portland, OR 97232

Phone: 971-673-0540 (TTY 971-673-0372)

Fax: 971-673-0556

Email: mailbox.hcls@state.or.us

Getting dental care

Call your primary care dentist or dental plan

It is important that you get regular dental exams and cleanings for preventive care. This will help with your overall health and can help prevent future dental disease. You need to choose a clinic or dental office as your primary care dentist (PCD). Your PCD will arrange all your dental care. Your PCD will also send you to a specialist if you need to go. Please call your dental plan's Customer Service for your PCD's name, phone number, address, and office hours. It is important to choose a provider office near your home.

You have the right to choose your PCD and dental plan. We do not limit the PCD or dental plan you choose, if they are in-network and accepting new patients. If you do not know which dental plan you are assigned to, call Customer Service for help. See "How to contact us" on page 1. If you wish to change your PCD, contact your dental plan. You can access provider directories for your dental plan by going to **IHNtogether.org/Dental**.

The dental plans listed below have offices in our counties. The addresses below are the home or main offices and are not the location where a member would travel to get care. You can find a dentist in your community and they can help you schedule a visit.

Dental plans

Advantage Dental Services

442 SW Umatilla Ave., Redmond, OR 97756
Phone: 866-268-9631 (TTY 866-268-9617)
Monday through Friday: 8 a.m. to 5 p.m.
advantagedental.com

Capitol Dental Care

3000 Market St. NE, Suite 228, Salem, OR 97301
Phone: 800-525-6800 (TTY 800-735-2900)
Monday through Friday: 7 a.m. to 6 p.m.
capitoldentalcare.com

MODA/ODS

601 SW 2nd Ave., Portland, OR 97204
Phone: 800-342-0526 (TTY 800-342-0526)
Monday through Friday: 7:30 a.m. to 5:30 p.m.
odscompanies.com/ohp

Willamette Dental Group

6950 NE Campus Way, Hillsboro, OR 97124
Phone: 855-433-6825 option 2, (TTY 800-735-1232)
Monday through Friday: 8 a.m. to 5 p.m.
willamettedental.com

Covered dental benefits

This table shows some of your covered dental benefits. These services are covered when you see a dentist in your dental care network. If you do not get services from your dental care network, you may have to pay. See "Billing information" on page 54.

The services listed are subject to OHP rules. If you need a service that is not on this table, call Customer Service. Call before the service is scheduled. See "How to contact us" on page 1.

There is no cost to you for covered services you receive in your dental care network. Benefits are subject to change.

Covered services	Approval for in-network services	Limits to care
Basic restorative care (such as a filling)	Not required	No limit
Dentures	Not required	Full: Once every 10 years if dentally appropriate Partial: Once every five years if dentally appropriate
Emergency dental care	Not required	No limit
Exams, cleaning and X-rays	Not required	One annual exam for adults Two annual exams for children under age 18 Follow-up care is allowed.
Extractions (removing teeth)	Not required	Wisdom teeth are a limited benefit. No limit for other services
Periodontal maintenance	Not required	Covered once every six months.
Specialist care	Not required	Approval may be required for certain services. Contact your assigned dental plan for details.

Non-covered dental services

We try to cover the services you need to treat common dental problems and keep you healthy. Sadly, IHN-CCO and OHP cannot cover every service. Some examples of non-covered dental services are:

- Desensitization (to reduce root sensitivity).
- Implant and implant services.
- Mastique or veneer procedures.
- Orthodontia (except when it is treatment for cleft palate or cleft lip).
- Overhang removal.
- Procedures, appliances or restorations solely for looks and cosmetic purposes.
- Teeth bleaching.
- Temporomandibular joint (TMJ) dysfunction treatment.

Contact your dental plan with questions about services that are not covered.

Urgent dental care

Always call your dentist's office first about any dental problem. Someone will be able to help you day or night. This includes weekends and holidays. If you cannot reach your dentist's office about an urgent problem or they can't see you soon enough, you can still get help right away. You can go to an urgent care or walk-in clinic without a scheduled visit. If you don't know how urgent the problem is, call your dentist. Prior approval is not required for urgent care services anywhere in the U.S.

Examples of urgent dental situations are:

- A lost filling.
- Broken tooth.
- Severe tooth pain or infection.
- Swollen gums.

Dental emergency contacts

A dental emergency is a problem that requires treatment right away. For a dental emergency, call your dentist. If you cannot reach your dentist, call your dental plan. Someone will help you. If you cannot reach either one, call 911 or go to the ER. Prior approval is not needed for dental emergencies in the U.S. This includes an ambulance ride to the hospital.

Some dental emergencies include:

- A tooth that has been knocked out.
- Serious abscess.
- Severe swelling or infection of the gums around a tooth.
- Severe tooth pain.

If you have a dental emergency, call your dentist or dental plan first.

Advantage Dental Services: 866-268-9631 (TTY 866-268-9617)

Capitol Dental Care: 800-525-6800 (TTY 800-735-2900)

MODA/ODS: 800-342-0526 (TTY 800-342-0526 or 711)

Willamette Dental Group: 855-433-6825 option 1 (TTY 800-735-1232)

Your dental provider will manage your dental care and treatment.

Getting telehealth services

Telehealth allows your health care team to provide care without the need to meet in person. Services include physical, behavioral and oral health. You have the right to receive these services by telehealth when appropriate. A telehealth visit may be done by:

- Phone.
- Video.
- E-visit.

You may need access to some of the following:

- A computer, tablet, smartphone or phone.
- Internet access.
- Audio.
- Camera.

You can use the Community Health Centers in Benton and Linn counties to access technologies for telehealth services. For details on how to use these resources, contact your local health center. See “Community Health Centers of Benton and Linn Counties” on page 8.

If you would like a telehealth visit, call your provider’s office and ask for one. If it is an option they offer, they will schedule a visit for you. Be sure to ask them what you will need. You may also ask for an interpreter for your visit. Your provider will arrange for a verbal or sign language interpreter for your visit. See section “Interpreter services for health care visits” on page 18. During a declared emergency (for example, COVID-19) your provider can limit you to telehealth visits. When there is not a declared emergency, your provider cannot limit you to telehealth visits.

We give our in-network doctors training and resources to help them provide telehealth care you can access. They will ask you questions to find out what type of telehealth visit fits your needs.

You can refer to our Provider Directory to see which providers offer telehealth visits. You may also call Customer Service for help. See “How to contact us” on page 1.

Some reasons to schedule a telehealth visit may be for:

- Back pain.
- To follow up on a prior visit.
- Poison oak.
- Routine behavioral health.
- Routine drug refills that require a check-in with your provider.
- Sinus problems.

Billing information

OHP members do not pay bills for covered services. Your provider may send you a bill only if all of the below are true:

- The service is something that your OHP plan does not cover.
- Before you received the service, you signed a valid agreement to pay (OHP form number 3165, also called a waiver) which includes:
 - The fact OHP does not cover the service.
 - The estimated cost of the service.
 - Your agreement to pay the bill yourself.

This protection usually only applies if the provider knew or should have known you had OHP. Always show your IHN-CCO ID card. This protection applies if the provider participates in the OHP program (but most providers do).

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

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

What should I do if I get a bill?

Even if you do not have to pay, please do not ignore bills from your providers. If you do get a bill, call us right away. Many providers send unpaid bills to collection agencies. They may even sue in court to get paid. It is much harder to fix the problem once that happens. As soon as you get a bill for a service that you received while you were on OHP, you should:

1. Call the provider, tell them that you were on OHP and ask them to bill IHN-CCO.
2. Call Customer Service right away. See "How to contact us" on page 1. Tell them a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
3. Appeal by sending your provider and us a letter. State that you do not agree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline. Call them 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.

My hospital bill was paid, but I received bills from other providers. What can I do?

When you go to the hospital or the emergency room, you may be treated by a provider who doesn't work for the hospital. For example, the emergency room doctors may have their own practice and provide services in the emergency room. They may send you a separate bill. If you have surgery in a hospital, there may be a separate bill for the:

- Anesthesiologist (pain specialist).
- Hospital.
- Lab.
- Radiologist.
- Surgeon.

Just because we paid the hospital bill, it does not mean that we paid the other providers. Do not ignore bills from people who treated you in the hospital. If you get other bills, call each provider and ask them to bill IHN-CCO. You should follow steps one through five above for each bill you get.

When will I have to pay for services on OHP?

- When services are covered by OHP, but you see a provider that does not take OHP.
- When the provider you see is not part of our provider network.
- If you were not eligible for OHP when you received the service.
- If you signed a detailed Agreement to Pay for a specific service before you received it.

Physician incentives

A physician incentive program is any way we pay a provider or a group of providers. We pay a bonus or reward to our providers for keeping you healthy. These programs should make the service or quality of care you get better. We must follow federal and state rules. This may reduce or limit services that are provided to you. Payments cannot be based on not giving you services that you need.

Grievance system information and appeal rights

If you would like details on our appeals and complaints policies or procedures, call Customer Service. See "How to contact us" on page 1. If you would like copies, we can send them to you. Member notice templates are also available to you. You can request a copy be sent to you.

How to file a complaint or grievance

If you are very unhappy with us, your health care services or your provider, you can file a complaint or grievance. We can help you write down your complaint or you can call it in. You can get help from your doctor or an authorized representative to file a complaint or grievance. You must give them written permission to file for you. We will try to make things better.

To file a complaint or grievance, contact us:

- By mail:** Appeals and Grievances
PO Box 1310, Corvallis, OR 97339
- In person:** 2300 NW Walnut Blvd., Corvallis, OR 97330
- Phone:** 541-768-4550, toll free 800-832-4580 (TTY 800-735-2900)
- Fax:** 541-768-9765
- Email:** SHPOGrcvTeam@samhealth.org

If we cannot resolve it in five workdays, we will send you a letter to explain we need more time. We have up to 30 days to address your complaint or grievance. We will not tell anyone who does not need to know about it, unless you ask us to. Once your complaint has been resolved, you will get a resolution in writing.

You can also complain to OHA. To do this:

- Mail:** Oregon Health Plan Client Services
PO Box 14520, Salem, OR 97309
- Call:** Client Services at 800-273-0557 (TTY 711)
- Online:** apps.state.or.us/forms/served/he3001.pdf

Appeals and hearings

If we deny, stop or reduce a service your provider has ordered, we will mail you a Notice of Action Benefit Denial letter. Along with this letter, you will find an Appeal and Hearing Request Form OHP 3302. This letter explains why we made that decision. If you did not receive a letter, you can ask for one. If your provider asks you to pay for a non-covered service, you can ask for a letter. This letter will show the service is not covered. You have a right to ask to change the decision through an appeal and a hearing through the state.

You must first ask for an appeal. You must ask no more than 60 days from the date on the Notice of Action Benefit Denial letter. You may continue a service that already started before our decision to stop it. To keep getting the service, you must ask us within 10 days from the date of the Notice of Action Benefit Denial letter.

How to appeal a decision

In an appeal, a different health care expert at our plan will review your case. To ask us for an appeal:

- By mail:** Appeals and Grievances
PO Box 1310, Corvallis, OR 97339
- In person:** 2300 NW Walnut Blvd., Corvallis, OR 97339
- Phone:** 541-768-4550, toll free 800-832-4580 (TTY 800-735-2900)
- Fax:** 541-768-9765

Your provider has a right to appeal for you when their orders are denied by a plan. An authorized representative may request an appeal for you. You must give them permission to do this in writing.

You will get a Notice of Appeal Resolution (NOAR) from us within 16 days. This notice lets you know if the reviewer agrees or disagrees with our decision. If we need more time for the review, we will send you a letter. This letter will tell you why we need more time. We may need up to 14 more days.

If you keep getting the denied service during the review, you may have to pay the cost. This would happen if the reviewer agrees with the original decision. You would owe for the services you received after the effective date on the Notice of Action Benefit Denial letter.

If you and/or your provider are still unhappy with the result after our review, you and/or your provider can ask for a state fair hearing. To do this, fill out an Appeal and Hearing Request form with the state. The form to fill out is OHP number 3302. If you want help, you can call us. See "How to contact us" on page 1. We will fill out the Appeal and Hearing Request form for you to sign. You can also ask someone like a friend or case manager to help you. You may call the Public Benefits Hotline for legal advice and help at 800-520-5292.

If you need an expedited (fast) appeal

You and/or your provider may ask for a fast appeal, if you believe you have an urgent problem or need that cannot wait for a regular appeal. In this case, tell us that you need a fast appeal. If you request, we suggest you include a statement from your provider. They can also call us to give more details on why it is urgent. If we agree that it is urgent, we will call and give you a written appeal resolution letter within 72 hours.

How to get an administrative hearing

If you still disagree with the appeal decision from us, you can ask for a hearing. Your provider or an authorized representative can also ask for a hearing for you. The hearing will be with an Oregon administrative law judge. You will have 120 days from the date on your NOAR to ask the state for a hearing. Your NOAR letter will have a request form you can fill out and send in. You can also ask us to send you request form 3302. You can also call OHP Client Services at 800-273-0557 (TTY 711). Ask them for form 3302.

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

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

Expedited (fast) hearing

These are hearings for urgent problems or needs. If you and/or your provider believe that you cannot wait for a regular hearing, call us. See "How to contact us" on page 1. Tell us that you need a fast hearing. You will find an Appeals and Hearing Request form (OHP 3302) along with your notice of appeal resolution letter. You and/or your provider can mail or fax this form directly to OHP's Hearings Unit or mail it back to IHN's Appeals Team. We will forward your Appeals and Hearing Request form to OHP's Hearings Unit. We suggest that you include a statement from your provider to explain why it is urgent. The Hearings Unit's fax number is 503-945-6035. You should get a decision from the Hearings Unit within two working days.

Still having a problem?

If your concern has not been solved, you can get help from the state. Ask the OHA ombudsperson for help at:

OHA ombudsperson

Phone: 503-947-2346, toll free 877-642-0450 (TTY 711)

Email: oha.ombudsoffice@dhsoha.state.or.us

How to change CCOs

Please let us try to help you before changing CCOs. Call Customer Service. See “How to contact us” on page 1. If you still want to change your CCO, call OHP Client Services. You can reach them at 503-378-2666 or 800-273-0557. If another CCO is open for enrollment, you may be able to change CCOs. You may be able to change CCOs if:

- You do not want the CCO you have been assigned to (you may change during the first 90 days after you enroll in a CCO).
- You move to a place that your CCO does not serve. To update your address, call OHP Customer Services at 800-699-9075 to confirm whether you need to be placed in a different CCO.
- You have not already changed CCOs this year.
- You are an American Indian or Alaska Native, you can ask to change or leave your CCO anytime.
- You also have Medicare, you can ask to change or leave your CCO anytime.
- You have been on OHP before, during the first 30 days after you enroll in a CCO.
- You renew your OHP coverage (usually once each year).
- You have been enrolled for six months in your CCO.

We may ask OHA to remove you from our plan if you:

- Are abusive to our staff or your providers.
- Commit fraud, like letting someone else use your health care benefits.

Transition of care

Care while you change plans

Some members who change OHP plans can still get the same services and see the same health care team. That means care will not change when you switch CCO plans or move to or from fee-for-service. If you have serious health issues, your new and old plans must work together. This is to make sure you get the care and services you need. IHN-CCO will honor any prior approved authorizations for ongoing covered services.

Your transition of care period starts when you first become enrolled as an IHN-CCO member. For dual eligible Medicaid and Medicare members the transition of care period lasts for 90 days. For members who are not dual eligible, the transition of care period lasts the shorter of:

- 30 days for physical and oral health and 60 days for behavioral health.
- Or until your new health care team can review your treatment plan.

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.
- Chemotherapy services.

If you need care while you change plans, call Customer Service. See "How to contact us" on page 1. If you would like to know more about this special type of continued care, you can ask for a copy of our transition of care policy. Call Customer Service for more details. See "How to contact us" on page 1. You may also view it online at IHNtogether.org/MembersRights.

Words to know

Appeal – To ask a plan to change a decision you do not agree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision. This is called filing an appeal.

Behavioral health – A range of behaviors and conditions. This includes mental health, substance use disorders and problem gambling.

Coordination of benefits (COB) – The practice of coordinating which order your insurance benefits will be billed in. This applies when a member has more than one insurance plan.

Copay – An amount of money that you must pay for health services. OHP members do not have copays. Private health insurance and Medicare sometimes have copays.

Cost share – The share of costs covered by insurance that you pay out of your own pocket. This may include deductibles, coinsurance, copays or similar charges.

Durable medical equipment (DME) – Items like wheelchairs, walkers and hospital beds. They are durable because they last a long time. They do not get used up like medical supplies.

Emergency medical condition – An illness or injury that needs care right away. This can be bleeding that will not stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right.

Emergency mental health condition – Feeling of out of control or like hurting yourself or someone else.

Emergency room (ER) – The place in a hospital where you can get care in an emergency.

Emergency services – Care that treats and improves sudden serious health conditions.

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

Excluded services – Care that a health plan does not pay for. Services like cosmetic surgery to improve your looks or things that get better on their own, are usually not covered.

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

Habilitation or rehabilitation services – Care to improve strength, function or behavior. This may take place after surgery, injury or substance abuse.

Health care team – This team may include, but not limited to: your primary care provider (PCP), primary care dentist (PCD), behavioral health and substance use disorder providers.

Health insurance – A program that pays for health care. After you sign up for health care, a company or the government pays for covered services.

Home health care – Services you get at home to help you live better after surgery, an illness or injury. Help with drugs, meals and bathing are some of these services.

Hospice services – Care to comfort a person who is dying and their family. Hospice can include pain treatment, counseling and respite care.

Hospital inpatient care – You are admitted to a hospital and stay at least three nights.

Hospital outpatient care – Surgery or care you get in a hospital and then leave after.

In-network provider – Any provider in a CCO's network. The plan will pay for charges if you see a network provider. Some network specialists require you to get a referral from your doctor.

Medically needed – Care and supplies that are needed to prevent, diagnose or treat a condition or its symptoms. It also means services that are accepted by the medical profession as standard treatment.

Network – The medical, mental health, dental, pharmacy and equipment providers that a CCO contracts with.

Out-of-network (OON) provider – A provider who has not signed a contract with the CCO. They may not accept the CCO payment as payment in full for their services.

Physician services – Care you get from a doctor.

Plan – A medical, dental, mental health group or CCO that pays for health care services for its members.

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

Primary care dentist (PCD) – The dentist you are assigned to. They take care of your teeth and gums.

Primary care provider (PCP) – A medical professional who takes care of your health. Your PCP should be the first person you call when you have health issues or need care. They can be a doctor, nurse practitioner, physician assistant or an osteopath.

Prior approval (PA) – A request to ask your plan to cover a service. You may need a PA before you get a service. Doctors usually take care of this.

Provider – Any person or group that provides health care.

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

Skilled nursing care – Help from a nurse with wound care, therapy or taking your drugs. This care may be given in a hospital, nursing home or in your own home with home health care.

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

Urgent care – Care that you need the same day. This could be for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.

InterCommunity 
Health Network CCO

Be Healthy. Be Happy.

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