

InterCommunity Health Network  
Coordinated Care Organization (IHN-CCO)

# 2019 MEMBER HANDBOOK

Your HEALTH BENEFITS as a member of The Oregon Health  
Plan

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**ENGLISH**

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Program/contact: [Customer Service](#)

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Email : [healthplanresponse@samhealth.org](mailto:healthplanresponse@samhealth.org)

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電子メール: [healthplanresponse@samhealth.org](mailto:healthplanresponse@samhealth.org)

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## SIMPLIFIED CHINESE / 简体中文

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电话: [1-800-832-4580 \(TTY: 1-800-735-2900\)](#)  
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# Alternate Format Information and Non-Discrimination

## English

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

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## Spanish/ Español

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Si desea, puede tener un intérprete presente durante sus citas. Cuando llame para solicitar una cita, informe al consultorio médico que necesita un intérprete que hable español. En [www.Oregon.gov/oha/oei](http://www.Oregon.gov/oha/oei) hallará información sobre intérpretes que se especializan en el campo médico.

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## Words to Know

1. **Appeal** - Asking a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision. This is called *filing an appeal*.
2. **Copay/Copayment** – An amount of money that a person must pay for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.
3. **Durable medical equipment (DME)** – Things like wheelchairs, walkers, and hospital beds. They are *durable* because they last a long time. They don't get used up like medical *supplies*.
4. **Emergency medical condition** – An illness or injury that needs care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working right.
5. **Emergency medical transportation** – Using an ambulance or Life Flight to get medical care. Emergency medical technicians (EMT) give care during the ride or flight.
6. **ER and ED** – *Emergency room* and *emergency department*, the place in a hospital where you can get care for a medical or mental health emergency.
7. **Emergency services** – Care that improves or stabilizes sudden serious medical or mental health conditions.
8. **Excluded services** – Things that a health plan doesn't pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.
9. **Grievance** – A complaint about a plan, provider, or clinic. The law says CCOs must respond to each complaint.
10. **Habilitation services and devices**- special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.
11. **Health insurance** – A program that pays for health care. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called *premiums*.
12. **Home health care** – Services you get at home to help you live better after surgery, an illness or injury. Help with medications, meals and bathing are some of these services.
13. **Hospice services** – Services to comfort a person who is dying and their family. Hospice is flexible and can include pain treatment, counseling and respite care.
14. **Hospital inpatient and outpatient care** – Hospital inpatient care is when the patient is admitted to a hospital and stays at least 3 nights. Outpatient care is surgery or treatment you get in a hospital and then leave afterward.
15. **Medically necessary** – Services and supplies that are needed to prevent, diagnose, or treat a medical condition or its symptoms. It can also mean services that are accepted by the medical profession as standard treatment.
16. **Network** – The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.
17. **Network (Participating) provider** – Any provider in a CCO's network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP).
18. **Non-participating (Out of Network, or OON) provider** - A provider who has not signed a contract with the CCO and may not accept the CCO payment as payment-in-full for their services.
19. **Physician services** – Services that you get from a doctor.
20. **Plan** – A medical, dental, mental health organization or CCO that pays for its members' health care services.
21. **Preapproval (preauthorization, or PA)** – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

22. **Premium**- The amount you pay for your health insurance every month.
23. **Prescription drugs** – Drugs that your doctor tells you to take, which you can get after you give a pharmacy a prescription (special form filled out by the doctor).
24. **Primary care physician/provider (PCP)** – A medical professional who takes care of your health. Your PCP can be a doctor, nurse practitioner, physician's assistant, or sometimes an osteopath.
25. **Primary Care Dentist (PCD)**- The dentist you usually go to who takes care of your teeth and gums.
26. **Provider**- Any person or agency that provides a health care service.
27. **Rehabilitation services and devices** – Special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.
28. **Skilled nursing care** – Help from a nurse with wound care, therapy, or taking your medicine. You can get skilled nursing care in a hospital, nursing home, or in your own home with home health care.
29. **Specialist** – A medical professional who has special training to care for a certain part of the body or type of illness.
30. **Urgent care** – Care that you need the same day for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.

# Welcome to InterCommunity Health Network Coordinated Care Organization (IHN-CCO), Your Community Health Care Plan

IHN-CCO is a managed care plan that works 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 Mental health care for OHP members living in Benton, Lincoln, and Linn Counties. If you would like more information about the structure and operations of IHN-CCO as a managed care plan, please call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900.

Your IHN-CCO member ID card will tell you the benefits you have with IHN. Please see the section titled “Your Benefits with IHN.” Review your IHN-CCO ID card to know what benefits we can assist you with.

This handbook tells you what to do in an emergency, explains your rights and responsibilities, how you can make a complaint or appeal a decision you do not agree with, and benefit information.

Read this whole member handbook. Keep it as a guide for future use. All information in this handbook from the front cover up until page 22 applies to all our members. Information starting on page 23 may be specific to certain members based on the benefits you have with us. Please read the “Your Benefits with IHN” section on page 8 carefully to understand what services we can help you with. 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.

For more information, or to see any of the member materials we have available online, please see the IHN-CCO website at [ihntogether.org/](http://ihntogether.org/). The Oregon Health Plan also has a website at <http://www.oregon.gov/OHA/healthplan>

The OHP Handbook also gives you important information about your OHP benefit package, covered and non-covered services, and dental plan information. You can ask for a copy by calling OHP Client Services at 800-273-0557, TTY 711.

## How to Contact Us

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

### Call us

541-768-4550  
Toll-Free 1-800-832-4580  
TTY 1-800-735-2900  
Our phone hours are:  
Monday-Friday 8:00 a.m. to 8:00 p.m.

### Fax us

541-768-6701

### Come see us

2300 NW Walnut Blvd.  
Corvallis, Oregon 97330  
Our office hours are:  
Monday-Friday: 8:30 a.m. to 5:00 p.m.

### Visit us online

[ihntogether.org/](http://ihntogether.org/)

## What is a Coordinated Care Organization (CCO)?

InterCommunity Health Network is a Coordinated Care Organization (CCO). 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:

### Benton County

#### **Benton County Health Department**

Children and adults can come into these community centers for physical and mental health care, addiction, and pharmacy services:

- Benton Health Center, Corvallis; 541-766-6835
- Lincoln Health Center, Corvallis; 541-766-3546
- Monroe Health Center, Monroe; 541-847-5143
- Linn County Health Department, Albany; Telephone: 541-967-3888 Toll free: 1-800-304-7468, TTY/TTD: 1-800-735-2900

### **The Corvallis Clinic**

Provides care for children and adults; they have 100 providers in 27 different specialties. The Corvallis clinic can be reached at 541-754-1150 or 1-800-452-8215.

### Lincoln County

#### **Lincoln County Health Department**

Lincoln Community Health Centers are clinics operated by Lincoln County Health and Human Services. The clinics provide medical care as well as mental health and addiction services at eight sites in Lincoln County. They include clinics in Lincoln City, Newport, South Beach, and each of the four public high schools.

#### **Mental Health and Addictions Sites**

- Newport, 36 SW Nye Street; 541-265-4179
- Lincoln City, 4422 NE Devils Lake Blvd.; 541-557-2700
- South Beach, 4909 South Coast Highway, Suite 1; 541-574-5960

#### **Primary Care Sites**

- Newport, 1010 SW Coast Highway Suite 203; 541-265-4947
- Lincoln City, 4422 NE Devils Lake Blvd.; 541-557-2700

#### **School-Based Health Center Sites**

- Newport High School, 322 NE Eads Street; 541-265-9281
- Taft High School, 3780 SE Spyglass Ridge; 541-996-2115
- Toledo High School, 1800 NE Sturdevant Road; 541-336-5104
- Waldport High School, 320 Lower Crestline Drive; 541-563-7666

### Linn County

#### **Linn County Health Department**

Children and adults can come into these community centers for physical and mental health care, addiction, and pharmacy services.

- Albany, 2730 Pacific Blvd. SE; 541-967-3888

#### **Primary Care Sites**

- Lebanon, 100 Mullins Drive, Suite A-1 (formerly 55 Twin Oaks); 541-451-6920

#### **Mental Health and Addiction Sites**

- Albany, 425 Second Avenue SW; 541-791-4856
- Albany, 445 Third Avenue SW; 541-451-5932
- Lebanon, 1600 S. Main; 541-451-5932

#### **Mid-Valley Behavioral Care Network**

- Mid-Valley Behavioral Care offers a range of mental health and chemical dependency services in Linn 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 can find it at <https://www.ihnntogether.org/find-care> or call our Customer Service at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900 for a copy.

#### **Oregon Cascades West Council of Governments**

Aging and People with Disabilities provides and coordinates social and health care resources. Programs include:

- |                           |                               |
|---------------------------|-------------------------------|
| • In-home services        | • Assisted living facilities  |
| • Relative foster care    | • Residential care facilities |
| • Adult foster care homes | • Nursing home facilities     |

Aging and People with Disabilities office is located at  
1400 Queen Ave SE #201  
Albany, Oregon 97322.

Office hours are 8:00 a.m. to 5:00 p.m. and can be reached at 541-967-8720.

#### **Samaritan Health Plans**

Samaritan Health plans manage the health insurance functions of IHN-CCO.

#### **Samaritan Health Services**

Samaritan Health Services provides physical, dental, and mental health care, along with hospital care. See your IHN-CCO Provider Directory for a complete listing of providers.

#### **Samaritan Mental Health**

Samaritan Mental Health provides inpatient mental health care along with outpatient mental health care services.

## **What is the Oregon Health Plan (OHP)?**

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 Supplemental is for children through age 20, and pregnant women. It covers glasses and additional dental care. CAWEM (Citizen Alien Waived Emergency Medical) covers emergency services for non-US citizens who are not on OHP. CAWEM Plus also covers childbirth.

OHP does not cover everything. A list of the diseases and conditions that are covered, called the Prioritized List of Health Services, is online at <http://www.oregon.gov/OHA/HPA/CSI-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. Native Americans, Alaska natives, and people on both Medicare and OHP can be in CCO but can ask to change to FFS anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Member Services at 1-800-273-0557 can help you understand and choose the best way to receive your health care.

## 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 our providers we can limit barriers and give you better care. We want you to get the best care possible. We sometimes provide health-related services (formerly called flexible services) that OHP does not cover. These are non-medical services that we may pay for in special situations. Health-related services can be for one person, or for a community, to benefit the broader population. Call Customer Service for more information.

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

IHN covers most of your healthcare needs. There are certain situations in which we are unable to cover some services, but it is common that OHP will cover these services on a fee-for-service basis. Some, but not all, of these services include;

- Mental health prescription drugs
- Behavioral rehabilitative services
- Death with Dignity
- Services provided to CAWEM recipients
- Hospice services for members in Skilled Nursing Facilities (SNF)
- School based services that are reimbursed with the educational services program

Coverage of the above benefits are not guaranteed and OHP customer services will be able to help you. If you need any of the above services, please contact OHP member services at 1-800-273-0557.

## Care Helpers

There may be times when you need help getting the right care. Your primary care team may have people specially trained to do this. These people are called Care Coordinators, Community Health Workers, Peer Wellness Specialists, and Personal Health Navigators. Please call our Customer Service at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900 for more information.

## Culturally-Sensitive Health Education

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

We have several healthy living programs and activities for you to use. Our health education programs include self-care, prevention, and disease self-management. For information about these services, please see our webpage at <https://www.ihntogether.org/> or call our Customer Service at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900.

## Native Rights

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

## Traditional and Certified Traditional Health Workers

A Traditional Health Worker means a community health worker, peer wellness specialist, personal health navigator, peer support specialist or birth doula. A Certified Traditional Health Worker is one of these types of people who has completed a training program and is certified by the Oregon Health Authority. For information on how to get services from these providers please contact our Customer Service at 541-768-4550, toll free 1-800-832-4580 or TTY 1-800-735-2900.

## Intensive Care Management (Care Coordination) Services

IHN-CCO calls Intensive Care Management (ICM) Services Care Coordination Services. We have nurses who work with you, your family, and your providers to coordinate your care. These nurses and other Care Coordinators help members who are older, disabled, or have other special needs. However, any of our members may ask for Care Coordination services.

Care Coordination services include:

- Helping members understand their benefits and the process for getting services or supplies.
- Coordinating health care with doctors, other providers, and community agencies.
- Working with members who are having problems getting care.
- Finding other resources for members.

If you have questions, need more help, or want to get in touch with a Care Coordinator, please call our Customer

Service Department at 541-768-4550, toll free 1-800-832-4580, or TTY 1-800-735-2900.

## Case Management Services

In addition to Intensive Care Management (Care Coordination) Services, we have Case Management Services to help members who have chronic medical conditions (such as diabetes, asthma, or heart disease). Nurses and other Care Management staff can work with members, health care providers, or state caseworkers to help find ways to meet the health care needs of these members.

If you have questions or want to know more about case management services, please call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900.

## Involvement in CCO Activities

IHN-CCO has a Community Advisory Council (CAC). We invite you to apply to serve on the Council. Most of the Council members are Oregon Health Plan members. Other members are from government agencies and groups that provide OHP services. If you are interested in being a member of the Community Advisory Council, please call our Customer Service for an application.

## Getting Started

There will be several times that you will get letters from OHP or IHN. Some of the times you will get letters are:

- When you first get OHP coverage
- When you are assigned to a CCO
- From your CCO a minimum of 30 days prior to changes in your benefits
- If your benefit package changes
- If more information is needed to continue your benefits
- Once a year to renew OHP

## Benefit Packages

The health care services you may receive are based on the benefit package you have. This is based on the information you put in your OHP application. Your Oregon Health ID and coverage letter will tell you what benefit package you have. As an IHN-CCO member, you have all the benefits covered under the Oregon Health Plan and extra benefits from us.

## Your Member ID Cards

### **Oregon Health Identification (ID)**

Your Oregon Health ID used to be called your DHS Medical Care ID. If you still have your DHS Medical Care ID, you can still use it. Your Oregon Health ID is a card 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. Take your Oregon Health ID to all health care appointments. Providers use the information on the card to check your eligibility.

### **IHN-CCO Identification**

Your IHN-CCO identification 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 appointments and show it to the front desk. If you do not get your card, or you need a new

one, contact our Customer Service at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900.

## Your Benefits with IHN

IHN covers most of your healthcare needs. There are certain situations in which we are unable to cover some services, but it is common that OHP will cover these services on a fee-for-service basis.

**InterCommunity Health Plans**  
*Serving Benton, Lincoln and Linn Counties*

PLAN INTERCOMMUNITY HEALTH PLAN CCO  
GROUP NUMBER [GROUP] RxBIN [610011]  
HEALTH PLAN (80840) 756-84657-94 RxPCN [88888888]  
MEMBER ID [999999999] RxGRP [88888888]

MEMBER [Member1 - 19 Characters]

MED/Rx	MH	DENTAL
[Y N]	[Y N]	[Y N]

PRIMARY CARE PROVIDER [PCPName - 19 Characters]  
PROVIDER PHONE [000-000-0000]  
DENTAL PLAN [DCOName - 24 Characters]  
DENTAL PLAN PHONE [000-000-0000]  
DATE CARD ISSUED [MM/DD/YYYY]

**This card does not guarantee eligibility or authorization.**  
*In an emergency, go to the nearest hospital or call 911. Do not forget to follow up with your primary care provider or dentist within 24 hours of the emergency.*

**FOR MEMBERS** Monday – Friday, 8 a.m. to 8 p.m. PT  
541-768-4550 · 1-800-832-4580 · TTY 1-800-735-2900  
HealthPlanResponse@samhealth.org · IHNtogether.org

**FOR PROVIDERS** Monday – Friday, 8 a.m. to 6 p.m. PT  
541-768-5207 · 1-888-435-2396  
HealthPlanResponse@samhealth.org · providers.samhealthplans.org

**FOR PHARMACIES** Call 24/7: 541-768-5207 · 1-888-435-2396

**FOR MEDICAL, PHARMACY AND MENTAL HEALTH CLAIMS**  
Go to samhealthplans.org/claims for instructions.

**FOR DENTAL CLAIMS** [DCOName 000-000-0000]  
[DCOAddress], [DCOCity, DCOSState DCOZip]

You will get your IHN-CCO ID card soon if you have not gotten it already. Above is a sample of what your IHN-CCO ID card looks like. The area circled above is important to know what benefits you have with IHN. The following benefits are available:

- **Med/Rx** means medical and pharmacy coverage (see Getting Medical Care starting on page 22 for more information on medical benefits)
- **MH** means Mental Health coverage (see Getting Mental Health Care starting on page 29 for more information on Mental Health benefits)
- **Dental** means Dental coverage (see Getting Dental Care starting on page 34 for more information on Dental benefits)

Under each section in the circled portion above there will be either a “Y” or a “N”. If there is a “Y” than IHN provides this for you. You may have only one type of coverage with IHN or you may have all your health coverage with IHN-CCO. If you have any questions about your ID card or coverage with IHN-CCO, please call our Customer Service department at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900.

## Becoming an IHN-CCO Member

When you become a member of IHN-CCO you receive a New Member Packet with a member handbook, a provider directory, and other materials to help you know your benefits and get the care you need. The handbook in your welcome packet and the provider directory can be found online at <https://www.ihn together.org/find-care> and we will send you a copy if you ask us to. Please keep these materials for future use. Providers listed in our Provider Directory are doctors that accept IHN members and these providers can become your Primary Care Provider.

If you would like a provider directory or a member handbook please call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580 or TTY 1-800-735-2900.

Let us know if you are not able to see your Primary Care Provider during the first month of enrollment and you need services such as prescriptions, supplies, or other items. Call our Customer Service Department at the

numbers listed above and let us help.

## Members with Medicare or Other Insurance

If you have both Medicare and the Oregon Health Plan (Medicaid), you are a “dual eligible” member. We can coordinate your Medicaid benefits with your Medicare benefits if you are this type of member. If you have other insurance coverage and are on our plan, call your caseworker or our Customer Service Department and let us know about your other insurance.

## Getting Healthcare

### Making the Most of Your Health Care Visit

It is important to meet with a health care provider to both prevent illnesses as well as when you are sick to get better. It's best to prepare for your appointment. When you are prepared for your appointment, you get better care. This way, both you and your health care provider can make the most of your time together. If you need to use a ramp or elevator, ask your provider's office about their ADA access. .If you don't speak English, ask about languages spoken or an interpreter for your appointment.

### How to Make an Appointment

Call your Primary Care Provider (PCP), Primary Care Dentist (PCD) or mental health provider. If you do not have a PCP, PCD, or Mental Health provider and need one, please call our Customer Service Department for help choosing a provider. You can see our Provider Directory at <https://www.ihntogether.org/find-care>.

Here are some helpful tips when making an appointment with your PCP, PCD, and Mental Health Provider:

- Tell the provider's office you are an IHN-CCO member.
- Give them your name, ID number, and a phone number where you can be reached, so your provider can contact you when needed.
- 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 for your visit, make sure you tell the receptionist what language you speak at least 3 days before the appointment.
- You can also ask your provider's office about their ADA accessibility if you use a wheelchair or walker.
- Make separate appointments for each of your family members.

### Before Your Appointment

What to take with you:

- Always bring your IHN-CCO medical ID card and Oregon Health ID card.
- A friend or family member: another person who can help you listen for important details during your appointment.
- A list with:
  - Questions you have about your health or treatment.
  - Medicines you are currently taking.

If you are not able to be at your appointment for any reason, call your provider's office as soon as you can to cancel or change the appointment.

## At Your Appointment

- Be on time.
- Relax: take slow, deep breaths. Your doctor is there to help.
- Ask your health care provider the following questions:
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?
- Get the answers you need. If you do not understand something, ask to have it repeated or explained.

Write down information that will help you remember details of the visit. You can ask for a copy of the doctor's instructions.

## Before You Leave Your Appointment

Be clear on what you need to do next:

- Know where to go for any follow up visits. Special treatment? Tests? Fill a prescription?
- Understand why it is important to follow your provider's instructions.
- Ask when you should visit a doctor or another health care provider again.

## Cancelling Appointments

If you are not able to be at your appointment for any reason, call your doctor's office as soon as you can to cancel or change the appointment. Your provider's office will schedule another appointment for you and make the time available for another patient. Each office has its own policies about appointments. They will tell you about their policy at your first visit. The policy says what to do if you will be late for an appointment or if you need to cancel an appointment. The policy also says what can happen if a person misses or comes late to too many appointments. Be sure to ask questions if you do not understand the office's policy.

## Missed Appointments

It is important to show up for your scheduled appointments. Your provider schedules time to see you. To make sure that you have the best care, please tell your provider if you cannot make your appointment. If you miss appointments without telling your provider, they could decide not to see you as a patient.

## Getting a Ride

We can help if you don't have a way to get to your appointments and in some emergencies, to a pharmacy. If you need help getting to your appointments or to other OHP-covered services, please call Cascade West Ride Line. Cascade West Ride Line may give you a bus ticket or taxi fare. Or they may pay for gas for you, a family member or friend to drive you. If you must travel overnight for approved services, we can help pay for food and lodging.

If you need to schedule a ride, please call Cascade West Ride Line Monday through Friday, 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. at 541-924-8738, Toll-Free 1-866-724-2975, TTY 711.

- Call at least two days in advance
- Call to cancel if plans change and you no longer need a ride

## Interpreter Services

You can have a language or sign language interpreter at your appointments if you want one, at no cost to you.

When you call for an appointment, tell your provider's office that you need an interpreter and in which language. Information on Health Care Interpreters is at [www.Oregon.gov/oha/oei](http://www.Oregon.gov/oha/oei)

To make sure that an interpreter will be at your appointment, please have this information ready when you call:

- The name of the person or persons the appointment is for
- The member's ID number
- A home phone number
- The date and the time of the appointment
- The name of the health care provider
- The full address of where you need to go for the appointment
- The phone number of the provider's office
- The reason for the appointment

To arrange an interpreter, either spoken or sign language, please call your provider's office. Call at least 3 days before your appointment and have the information above ready. If you cannot keep the appointment, call your provider's office right away.

## Second Opinion

If you want a second opinion about your treatment options, this is available to you at no extra cost. Just ask your doctor who could give you a second opinion. If you want to see a provider outside our network, you or your provider will need to get approval from IHN-CCO first.

Second opinions are available for medical, dental, or mental health care needs at no cost to you, our member. If you need help finding a provider for a second opinion, please call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900.

## Prioritized List of Health Services

Oregon Health Plan members' benefits and treatments are based on a list of health services ranked by the Health Evidence Review Commission (HERC). This list is called the Prioritized List of Health Services.

OHP members' covered benefits are based on where their conditions and treatments are on the list. Not all services are covered. OHP covers services for finding out what's wrong and those services that are the most effective. This includes diagnosing a condition that is not on the covered list.

## Quitting Tobacco

If you want to quit smoking or using tobacco products, but can't do it alone, we cover services to help you. Some of the services we cover are:

- Treatment sessions (up to 10 sessions every three months).
- Prescription and Over-the-Counter products (such as gum, patches, and oral medications).
- Individual and group counseling.

IHN-CCO also offers other ways to help you stop using tobacco, including telephone-based programs. You can call the Oregon Tobacco Quit Line at:

- 1-800-Quit-Now (1-800-784-8669) for English speaking members.
- 1-855-Dejelo-Ya (1-855-335-3569) for Spanish speaking members.
- 1-877-777-6534 for TTY users.

For more information about class options, call our Customer Service Department at 541-768-4550, toll-free 1-

800-832-4580, or TTY 1-800-735-2900.

## Addiction (drug and alcohol) Treatment

If you think you need someone's help for an alcohol or drug problem, talk to your PCP or call a drug and alcohol provider directly. Drug and alcohol providers have extra training and experience to help people quit. They can help people who also get mental health services. 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 [www.samhealthplans.org/ihn-cco](http://www.samhealthplans.org/ihn-cco). You can also call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900 with questions.

## Billing Information

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

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

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

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

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

## Copays

As an IHN-CCO member, you do not owe co-pays to your providers for health care visits or services. Call OHP at 1-800-699-9075 if you have questions about your benefits

## What should I do if I get a bill?

Even if you don't have to pay, please do not ignore medical bills – call us right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem 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 our Customer Service Department at 541-768-4550, Toll-Free 1-800-835-4580, or TTY 1-800-735-

2900 right away and say that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.

3. You can appeal by sending your provider and us a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

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

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

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

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

## Payment for Non-Covered Services and Other Insurance

You can choose to get non-covered medical, dental, or mental health treatment and services. The provider's office should tell you up-front if a service or treatment is not covered. They will tell you how much it costs. You must sign an Agreement to Pay form to say you will pay the bill for the non-covered service or treatment.

Tell the provider's office and your caseworker right away if you have other insurance, such as Medicare or private insurance.

Bring the ID card for your other insurance to each appointment 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 medical, dental, and mental health services covered by OHP.

## Physician Incentives

We pay a bonus or reward to our providers for keeping you healthy. We do not pay or reward our providers for limiting services and referrals.

# Member 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 OHP coverage, you have many rights and responsibilities.

## As an OHP Client, You Can:

- Be treated with respect and dignity, the same as other patients
- Choose your provider
- Get services and support that fit your culture and language needs
- Tell your provider about all your health concerns
- Have a friend or helper come to your appointments, and an interpreter if you want one
- Ask for services as close to home as possible, and in a non-traditional setting that is easier for you to use
- Actively help develop your treatment plan
- Get information about your OHP-covered and non-covered treatment options
- Help make decisions about your health care, including refusing treatment, except for court-ordered services
- Be free from any form of restraint or seclusion
- Complain about different treatment and discrimination
- Get a referral to a specialist if you need it
- Get care when you need it, any time of day or night, including weekends and holidays
- Get mental health and family planning services without a referral
- Get help with addiction to cigarettes, alcohol, and drugs without a referral
- Get handbooks and letters that you can understand
- See and get a copy of your health records, unless your doctor thinks it would be bad for you
- Limit who can see your health records
- Get a *Notice of Action* letter if you are denied a service or there is a change in service level
- Get information and help to appeal denials and ask for a hearing
- Make complaints and get a response without a bad reaction from your plan or provider
- Ask the Oregon Health Authority Ombudsperson for help with problems at 503-947-2346 or toll free at 1-877-642-0450, TTY 711
- .

## As an OHP Client, You Agree to:

- Find a doctor or other provider you can work with and tell them all about your health
- Treat providers and their staff with the same respect you want
- Call your provider at least one day before if you cannot make it to an appointment
- Be on time for appointments
- Bring your medical ID cards to appointments; tell the receptionist that you have OHP and any other health insurance.
- Let your provider know if you were hurt in an accident
- Be honest with your providers and give them all needed information to get the best service possible
- Have yearly check-ups, wellness visits and other services to prevent illness and keep you healthy
- Follow your providers’ and pharmacists’ directions, or ask for another choice
- Call OHP Client Services at 1-800-699-9075 when you move, are pregnant or no longer pregnant
- Report other health insurance at [www.ReportTPL.org](http://www.ReportTPL.org).

## Unfair Treatment

If you think IHN-CCO or a provider gave unfair treatment, please tell us.

We must follow state and federal civil rights laws. We cannot treat people unfairly in any program or activity because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. We will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or get more information, please contact our Customer Service at:

541-768-4550

1-800-832-4580

TTY 1-800-735-2900

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

File online at: <http://www.hhs.gov/>

Phone: 1-800-368-1019, 800-537-7697 (TDD)

Email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Mail to:

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

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

## A Copy of Your Records

You can have a copy of your medical records. Your PCP and PCD (dentist) have most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies. You have the right to request changes or corrections to your medical records. You can ask us for a copy of the records we have. We may charge you a reasonable fee for the copies.

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 Policies 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

## When to Report Fraud, Waste and Abuse

It is important to report to IHN-CCO if you see or experience an act of fraud, waste, and abuse. Examples of when you should report this are:

- If you see provider(s) charging for a service you didn't get
- If you or your family member is being abused by your provider
- Report any medical theft because it could cause a big problem for you, damage your credit rating, and waste taxpayer dollars.

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

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

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

You can get an Advance Directive form at most hospitals and from many providers. You also can find one online at [http://www.oregon.gov/DCBS/shiba/Documents/advance\\_directive\\_form.pdf](http://www.oregon.gov/DCBS/shiba/Documents/advance_directive_form.pdf). If you write an Advance Directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them.

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up, or write CANCELED in large letters, sign and date them. For questions or more information contact Oregon Health Decisions at 1-800-422-4805 or 503-692-0894, TTY 711.

If your provider does not follow your wishes in your Advance Directive, you can complain. A form for this is at [www.healthoregon.org/hcrgj](http://www.healthoregon.org/hcrgj).

Send your complaint to:

- Health Care Regulation and Quality Improvement  
800 NE Oregon St, #305  
Portland, OR 97232
- Email: [Mailbox.hcls@state.or.us](mailto:Mailbox.hcls@state.or.us)
- Fax: 971-673-0556
- Phone: 971-673-0540; TTY: 971-673-0372

# Helpful Member Information

## How to Change CCOs

When you have a problem getting the right care, please let us try to help you before changing CCOs. Just call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900, and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Member Services. Their numbers are 503-378-2666 and 1-800-699-9075.

If you want to change to a different CCO, call OHP Customer Services at 503-378-2666 or 1-800-699-9075. There are several chances for you to change, if another CCO is open for enrollment:

- If you do not want the CCO you've been assigned to, you can change during the first 90 days after you enroll
- If you move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP Member Services about the move. The number is 1-800-699-9075
- If you are a Native American or Alaskan native, or are also on Medicare, you can change or leave your CCO anytime

## Disenrollment

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

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

# Grievance System Information and Appeal Rights

## How to Make a Complaint or Grievance

If you are unhappy with us, your health care services or your provider, you can complain or file a grievance. We will try to make things better.

To file a complaint or a grievance, please contact us:

- Call us at: 541-768-4550  
1-800-832-4580  
TTY 1-800-735-2900
- Fax us your grievance to 541-768-9765
- Email [SHPOGrcvTeam@samhealth.org](mailto:SHPOGrcvTeam@samhealth.org)
- Send us a letter to the address on page 5
- File it in person

We can help you write or call in your complaint. We must solve it and call or write you in 5 workdays.

If we can't solve it in 5 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 your complaint or grievance unless you ask us to.

You can also complain to the Oregon Health Authority. Call Client Services at 1-800-273-0557 (TTY 711), or send your complaint to:

- Oregon Health Plan Client Services  
P.O. Box 14520

Salem, Oregon 97309

## Appeals and Hearings

If we **deny**, **stop**, or **reduce** a medical, dental, or mental health service your provider has ordered, we will mail you a **Notice of Action** letter explaining why we made that decision. The letter will explain how to appeal (ask us to change our decision). You have a right to ask to change it through an appeal and a state fair hearing. You must ask no more than 60 days from the date on the **Notice of Action** letter.

## How to Appeal a Decision

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

- Calling our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900, or
- Write us a letter and send it to address on page 5 or fax to us at 541-768-9765
- You can also file in person at 2300 NW Walnut Blvd Corvallis, Oregon

After our review of an appeal you have filed with us, if you are still not happy with the outcome you are able to fill out an Appeal and Hearing Request with the state, OHP form number 3302, and ask the state to review.

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

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

## If you Need a Fast Appeal

If you and your provider believe that you have an urgent medical, dental, or mental health problem that cannot wait for a regular appeal, tell us that you need a fast (expedited) appeal. We suggest that you include a statement from your provider or ask them to call us and explain why it is urgent. If we agree that it is urgent we will call you with a decision in 72 hours.

## Provider Appeals

Your provider has a right to appeal for you when your physician's orders are denied by a plan. You must give your provider written consent to appeal for you.

## How to Get an Administrative Hearing

You can have a state fair hearing with an Oregon Administrative Law Judge. You will have 120 days from the date on your **Notice of Appeal Resolution (NOAR)** to ask the state for a hearing. Your **NOAR** letter will have an Appeal and Hearing Request form that you can send in. You can also ask us to send you an Administrative Hearing Request form, or call OHP Client Services at 800-273-0557, TTY 711, and ask for MSC 443.

At the hearing, you can tell the judge why you do not agree with our decision and why the services should be covered. You do not need a lawyer, but you can have one or someone else, like your doctor, with you. If you hire

a lawyer, you must pay their fees. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free Legal Aid can also be found at [www.oregonlawhelp.org](http://www.oregonlawhelp.org).

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

## Fast (Expedited) Hearing

If you and your provider believe that you have an urgent medical, dental, or mental health problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Hearing Request form to the OHP Hearings Unit. We suggest that you include a statement from your provider explaining why it is urgent. You should get a decision in 2 working days. The Hearings Unit's fax number is 503-945-6035.

# Getting Medical Care

## Call IHN-CCO for Your Primary Care Provider (PCP) Assignment

IHN-CCO will be your main contact for any questions you may have about your PCP. Your PCP will manage your medical care and treatment and make sure that you see specialists when needed. 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 speak languages besides English. You can ask if the clinic has a provider who speaks your language.

IHN-CCO will help you choose a PCP or change your PCP if one has already been assigned to you. Make sure that you tell us if you are getting medical services that you need to continue. We do not limit the PCP you choose if they are in IHN's provider network and accepting new patients. A current list of In-Network PCPs can be found on our website at <https://www.ihntogether.org/> or you can contact our Customer Service at 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900.

## 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. This is done by what is called a referral. If your PCP thinks you should see a specialist, they will send or call in a referral to the specialist. Some referrals also require approval, or prior authorization, from IHN-CCO. For a list of some services that require a referral or approval see pages 22-25.

For a list of In-Network specialists, go to our website at [ihntogether.org/](https://www.ihntogether.org/), or contact our Customer Service at 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900.

## Covered Medical Benefits

This table shows some of your covered medical benefits as a member of IHN-CCO/OHP. These services are covered when given by an In-Network Provider. If you think you need a service that is not on this table, you or your provider should contact our Customer Service Department at 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900, before you get the service.

The services listed in the table below are subject to the Prioritized List of Health Services and IHN-CCO/OHP rules. Benefits are subject to change.

Service	Your Cost*	Approval/Referral with an in-network provider	Limits to Care
<b>Doctor Visits</b>			
Primary Care Provider	\$0	Not required	No limit with assigned PCP.
Specialist	\$0	Referral required from your PCP, except for dental, women's health, or behavioral health providers	No limit with In-Network Specialist.
<b>Preventive Services</b>			
Colonoscopies and Endoscopies	\$0	Required for capsule/wireless endoscopy	As recommended by PCP.
Family Planning	\$0	Not required	Sterilization requires consent form be fully completed by physician and member before services are given.
Mammograms (breast x-rays) for women	\$0	Referral required	As recommended by PCP.
Prostate exams for men	\$0	Not required	Covered as a specialist visit if member presents with a problem.
Routine physicals	\$0	Not required	As recommended by PCP.
Screening for sexually transmitted diseases (STDs)	\$0	Not required	No limits
Testing and counseling for AIDS and HIV	\$0	Not required	No limits
Well-child visits for babies, children, and teens	\$0	Not required	As recommended by PCP.
Women's Exams	\$0	Not required	As recommended by PCP.
<b>Prescriptions Drugs</b>			
Contraceptives	\$0	Some drugs may require approval with a prescription	Up to 90-day supply with prescription.
Mental Health Medications**	N/A	Not Covered by IHN-CCO	Mental Health Medications are Covered by OHP, see Prescription Drug Benefits section on page 33 for more details.
Other medications	\$0	Some drugs may require approval with a prescription	Up to a 30-day supply with prescription.
<b>Laboratory and X-Ray</b>			
Blood Draw	\$0	Referral required	No limit
CT scans	\$0	Referral and approval required	As recommended by PCP

MRIs	\$0	Referral and approval required	As recommended with approval
X-Rays	\$0	Referral required	No limit
<b>Immunizations/Shots</b>			
Preventive Vaccines	\$0	Not required	Vaccines must be given at your provider's office. Flu shots may be given at an in-network pharmacy or health department
Work, education or travel vaccines	N/A	Not a covered benefit	These vaccines are not covered by IHN-CCO or OHP
<b>Pregnancy and Postpartum Care</b>			
Breast Pump	\$0	Approval required if billed amount is over \$300 or rental length greater than 3 months	Covered with approval when provided by a contracted DME supplier.
Child birthing/Lamaze classes	\$0	Not required	Covered if provided at a hospital in IHN-CCOs service area (Benton, Lincoln, or Linn Counties). Contact our Customer Service for details
Postpartum care (care you get after your baby is born)	\$0	Not required	No limit with In-Network Provider.
Prenatal visits with your provider	\$0	Not required	No limit
Routine vision services	\$0	Approval required	Available for pregnant women. Contact our Customer Service for details.
<b>Labor and Delivery</b>			
Inpatient Hospital Admission	\$0	Approval required for stays longer than 2 days for normal vaginal births, and for stays longer than 4 days for C-section.	Emergency services do not require approval.
<b>Hospital Stays</b>			
Emergencies	\$0	Not required	No limit
Scheduled surgery	\$0	Approval required	No limit with approval.
<b>Newborn Care</b>			
Circumcision for newborn boys	N/A	Approval required	Not covered unless medically necessary.
Newborn Inpatient Stay	\$0	Approval is required for newborn stays of 5 days or longer.	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 on the OHP.
<b>Outpatient Surgery</b>			
Ambulatory Surgical Center (ASC) or Outpatient Hospital	\$0	Approval required	No limit with approval.
In Office Procedures	\$0	Referral may be required	May be limits depending on the service.

Therapy			
Massage Therapy	\$0	Approval required	Massage Therapy is only covered when provided with other treatments during the same Physical Therapy Session. See PT and OT benefits.
Occupational Therapy (OT)	\$0	Approval required if more than 30 visits per calendar year	No limit on visits for the first year following a serious injury to spinal cord, traumatic brain, or cerebral vascular injuries.
Physical Therapy (PT)	\$0	Approval required if more than 30 visits per calendar year	No limits on visits for the first year following a serious injury to spinal cord, traumatic brain, or cerebral vascular injuries.
Speech Therapy (ST)	\$0	Approval required if more than 30 visits per calendar year	No limit on visits for the first year following a serious injury to spinal cord, traumatic brain, or cerebral vascular injuries.
Vision			
Eye Hardware	\$0	Call our Customer Service 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900	Available for adults 21 and over only if pregnant or certain medical conditions diagnoses.
Medical Eye Exams	\$0	Call our Customer Service 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900	Available for all members with limitations.
Routine Eye Exams	\$0	Call our Customer Service 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900	Available for adults 21 and over only if pregnant or certain medical conditions diagnoses.
Specialty Services			
Abortion**	N/A	Approval required	Not always covered by IHN. Call our Customer Service 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900
Acupuncture	\$0	Approval required	Approval based on OHP guidelines
Chiropractor	\$0	Not required	Approval based on OHP guidelines and the Prioritized list.
Hearing Exams and screenings	\$0	Referral required	No limits
Hearing aids	\$0	Approval Required	Adults who meet criteria are limited to one (1) hearing aid every five (5) years (two (2) may be authorized if certain criteria are met). Children who meet criteria are allowed two (2) hearing aids every three (3) years.
Home health	\$0	Not required	Nonmedical assistance is not included and is not covered.
Hospice	\$0	Not required	No limits
Medical Equipment and Supplies (Durable Medical Equipment, DME)	\$0	Approval required for billed amounts over \$300	Approval and limits based on OHP guidelines. Call our Customer Service for details.

Skilled Nursing Facilities (SNF)	\$0	Approval Required	Limits apply, contact our Customer Service for details.
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\* This cost only applies when services are given by an In-Network Provider. Any services with an Out-of-Network Provider must have prior authorization or approval unless it is an emergency. If you do not get approval, you may have to pay. See pages 14-15 for more information.

\*\* These benefits are covered by OHA.

## Non-Covered Services

Unfortunately, IHN-CCO and OHP cannot cover everything. We try to cover the most important services to treat common medical problems and keep you healthy. Some examples of non-covered medical services are:

- Treatment for conditions that get better on their own without going to the doctor, like colds
- Treatment for conditions that can be treated at home, such as corns, calluses, and some skin conditions
- Cosmetic surgeries or treatments that only improve appearance, not function
- Services to help you get pregnant

## Urgent Care

Always call your doctor or primary care provider's (PCP) office first about any health problem. Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your doctor's office about an urgent problem or they can't see you soon enough, you can go to the following urgent care or walk-in clinics without an appointment. If you don't know how urgent the problem is, call your PCP.

Some examples of urgent medical situations include:

- Sprain
- Bladder infection
- Severe sore throat
- Severe pain that won't go away
- Ear infection
- Burn

## Urgent Care Providers

### Albany

**Geary Street Urgent Care**  
 1700 Geary Street SE  
 541-812-5500, TTY 1-800-735-2900  
 Monday-Friday: 8:00 a.m.-8:00 p.m.  
 Saturday: 9:00 a.m.-6:00 p.m.  
 Sunday: 10:00 a.m.-6:00 p.m.

**Samaritan North Albany Urgent Care**  
 400 NW Hickory Avenue, Suite 303  
 541-812-5275, TTY 1-800-735-2900  
 Monday-Friday: 9:00 a.m.-8:00 p.m.  
 Saturday: 9:00 a.m.-6:00 p.m.  
 Sunday: 10:00 a.m.-6:00 p.m.

### Corvallis

**Samaritan Urgent Care**  
 5234 SW Philomath Blvd  
 541-768-4970, TTY 1-800-735-2900  
 Monday-Friday: 8:00 a.m.-8:00 p.m.  
 Saturday: 9:00 a.m.-6:00 p.m.  
 Sunday: 10:00 a.m.-6:00 p.m.

**The Corvallis Clinic Immediate Care**  
 3680 NW Samaritan Drive  
 541-754-1282, TTY 1-800-735-2900  
 Monday-Friday: 8:00 a.m.-8:00 p.m.  
 Saturday-Sunday: 10:00 a.m.-5:00 p.m.

### Halsey

### Sweet Home

**SamCare Mobile Medical**  
33184 Highway 228  
541-451-7873, TTY 1-800-735-2900  
Monday-Friday: 9:00 a.m.-8:00 p.m.  
Saturday: 9:00 a.m.-6:00 p.m.  
Sunday: 10:00 a.m.-6:00 p.m.

**Sweet Home Family Medicine Walk-In Clinic**  
679 Main Street  
541-451-6250, TTY 1-800-735-2900  
Monday-Friday: 8:00 a.m.-5:00 p.m.

### Lebanon

**Samaritan Urgent Care Clinic**  
35 Mullins Drive, Suite 2  
541-451-7915, TTY 1-800-735-2900  
Monday-Friday: 8:00 a.m.-8:00 p.m.  
Saturday: 9:00 a.m.-6 p.m.  
Sunday: 10:00 a.m.-6:00 p.m.

### Newport

**Samaritan Pacific Walk-In Clinic**  
930 SW Abbey Street, Suite F  
541-574-4860, TTY 1-800-735-2900  
Monday-Friday: 9:00 a.m.-6:30 p.m.  
Saturday: 10:00 a.m.-4:00 p.m.  
Sunday: 10:00 p.m.-4:00 p.m.

### Lincoln City

**Samaritan Coastal Walk-In Clinic**  
825 NW Highway 101, Suite A  
541-996-7480, TTY 1-800-735-2900  
Monday-Friday: 8:00 a.m.-8:00 p.m.  
Saturday-Sunday: 9:00 a.m.-6:00 p.m.

### Depot Bay

**Samaritan Depoe Bay Walk-In Clinic**  
531 N Highway 101, Suite A  
541-765-3265, TTY 1-800-735-2900  
Monday-Friday: 8:00 a.m.-5:00 p.m.

## Medical Emergencies

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

## Hospitals Near You

Hospital care and emergency care is provided at the local locations listed below. All the hospitals listed have language interpreter services available.

### **ALBANY Samaritan Albany General Hospital (SAGH)**

1046 6th Ave SW, Albany, OR 97321      541-812-4000 or TTY 1-800-735-2900

### **CORVALLIS Good Samaritan Regional Medical Center (GSRMC)**

3600 NW Samaritan Drive, Corvallis, OR 97330      541-768-5111 or TTY 1-800-735-2900

### **LEBANON Samaritan Lebanon Community Hospital (SLCH)**

525 North Santiam Highway, Lebanon, OR 97355      541-258-2101 or TTY 1-800-735-2900

### **LINCOLN CITY Samaritan North Lincoln Hospital (SNLH)**

3043 NE 28th Street, Lincoln City, OR 97367      541-994-3661 or TTY 1-800-735-2900

## **NEWPORT Samaritan Pacific Communities Hospital (SPCH)**

930 SW Abbey Street, Newport, OR 97365

541-265-2244 or TTY 1-800-735-2900

## **If You Need Care 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. For any service that OHP covers, the provider must be enrolled as an OHP (Oregon Medicaid) provider. Ask that doctor to call your PCP to coordinate care.

## **Out-of-Town Emergencies**

If you have a real emergency when you are away from home, call 911 or go to the nearest Emergency Room. Your care will be covered until you are stable. No approval is when you have a real emergency. For follow-up care after the emergency, call your PCP to coordinate care.

OHP covers emergency care anywhere in the United States, but not outside the US. That means OHP will not pay for any care you get in Mexico or Canada.

## **Care after an Emergency**

This type of care is called post stabilization care. It means that care related to your emergency is covered until you are stable and is meant to help you remain 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 Medications**

IHN-CCO will pay for most medications if you have a prescription from your PCP, PCD or mental health provider. You may fill prescriptions at almost any pharmacy in Linn, Benton, and Lincoln counties. Just ask your pharmacy if they accept IHN-CCO.

If there are problems with the pharmacy filling your prescription, your provider can call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900.

IHN-CCO uses a "formulary" for prescription drugs. A formulary is a list of covered prescription drugs. All IHN-CCO providers have a copy of the formulary in their office. When you need a prescription, your doctor will choose a drug from the formulary. Drugs that are not on the formulary are called non-formulary.

If for some reason you need a drug that is not on the IHN-CCO formulary, your doctor can ask for an exception. Our Pharmacy Director will decide if it is medically necessary for you to have a drug that is non-formulary. If you have a high medical need for the prescription, we will pay for the non-formulary drug.

Be sure to talk to your PCP, PCD or mental health provider who provides the medications before you go out of town. They can help you get medication refills before you leave or tell you what to do if you run out of medication.

# Getting Mental Health Care

## Mental Health Services

Mental Health services are available to all OHP members. You can get help for depression, anxiety, family problems and difficult behaviors, to name a few. 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.

As a member, you can have an assessment of your mental health needs. Call your county mental health agency and tell them you want to make an appointment with a counselor. See pages 29-32 of this handbook for agency information. You do not have to be sure you have a mental health problem to make an appointment. If you think you might, that is enough. A counselor will be happy to talk with you. At your first appointment with them you will decide if you should get mental health treatment. You will also decide if other services might help you.

**Important:** *You do not need a referral to get mental health services from an In-network provider. Please see our Provider Directory for a list of network providers.*

The services and programs we offer are below.

## Routine Mental Health Services

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 make an appointment for routine services. You do not need a referral from a doctor or anyone else to do this.

If you need help choosing an agency or want a list of providers at each agency: you can call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900.

Please have your IHN-CCO Member ID card with you when you call. The treatment agency will use the information on your ID card to check your eligibility. You will also be asked for the name of the city or county where you live. This is so we can find an office close to you. We may also ask for basic information about your needs and concerns. We may ask your age or whether you have any special needs.

We may ask if you have been to any of our agencies in the past. 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 appointment.

## Adult Mental Health Services

Choice Model coordinates care for adults with serious mental illness when they leave the Oregon State Hospital to live in the community. The Choice Model gets discharged clients the community services they need. This could be outpatient or residential treatment, adult foster care, or living in a supported apartment. The goal is to avoid going back to the state hospital.

## Children's Mental Health Services

Children with behavioral challenges are served through Wraparound or intensive care coordination. Intensive care coordination services are individualized to meet the child's and family's needs. System of Care and Wraparound planning involve everyone in the child's life – schools, community organizations, doctors, criminal

justice, and others – in forming a team around the child and family to plan supportive services. Another program for children with mental illness is known as Integrated Service Array (ISA).

If you think your family could gain from these services, please call your county mental health program. They will decide if your child is eligible.

## Mental Health Treatment Agencies

### Linn County

#### ALBANY

##### *Linn County Mental Health Services – Adult Outpatient Program*

Office location: 445 3<sup>rd</sup> Ave SW Albany, OR 97321

Send mail to: P.O. Box 1 Albany, OR 97321

Phone: 541-967-3866

Toll-Free: 1-800-304-7468

TTY/TTD: 1-800-735-2900

- Services are for adults 18 years and older.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter

Office hours: 8:30 a.m.-5:00 p.m. on Monday, Wednesday, Thursday, and Friday

8:30 a.m.-7:00 p.m. on Tuesday

Website: [www.co.linn.or.us/Health/mental\\_health/mh.htm](http://www.co.linn.or.us/Health/mental_health/mh.htm)

##### *Linn County Mental Health Services – Children’s Outpatient Program*

Office location: 445 3<sup>rd</sup> Ave SW Albany, OR 97321

Send mail to: P.O. Box 1 Albany, OR 97321

Phone: 541-967-3866

Toll-Free: 1-800-304-7468

TTY/TTD: 1-800-735-2900

- Services are for children and youth up to 18 years old.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter

Office hours: 8:30 a.m.-5:00 p.m. on Monday, Wednesday, Thursday, and Friday

8:30 a.m.-7:00 p.m. on Tuesday

Website: [www.co.linn.or.us/Health/mental\\_health/mh.htm](http://www.co.linn.or.us/Health/mental_health/mh.htm)

##### *Linn County Mental Health Services – Community Support Services & Crisis Team*

Office location: 445 3<sup>rd</sup> Ave SW Albany, OR 97321

Phone: 541-967-3866

Toll-Free: 1-800-304-7468

TTY/TTD: 1-800-735-2900

- Community Support Services are available for adults 18 years and older with serious mental illness.
- Crisis Team walk-in services are for children, youth, and adults.
- Services are available in English and Spanish; services in other languages are available – we will

provide a free interpreter

Office hours: 8:30 a.m.-5:00 p.m. on Monday, Wednesday, Thursday, and Friday  
8:30 a.m.-7:00 p.m. on Tuesday

Website: [www.co.linn.or.us/Health/mental\\_health/mh.htm](http://www.co.linn.or.us/Health/mental_health/mh.htm)

## LEBANON

### *Linn County Mental Health Services*

Office location: 1600 S. Main Lebanon, OR 97355

Phone: 541-451-5932

Toll-Free: 1-800-451-2631

Oregon Relay TTY or Voice: 711

- Services are available for children, youth, and adults.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter.

Office hours: 8:30 a.m.-5:00 p.m. on Monday-Friday  
Closed from 12:00 p.m.-1:00 p.m.

Website: [www.co.linn.or.us/Health/mental\\_health.ml.htm](http://www.co.linn.or.us/Health/mental_health.ml.htm)

## SWEET HOME

### *Linn County Mental Health Services*

Office location: 799 E. Long St.  
Sweet Home, OR 97386

Phone: 541-367-3888

Toll-Free: 1-800-920-7571

Oregon Relay TTY or Voice: 711

- Services are available for children, youth, and adults.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter.

Office hours: 8:30 a.m.-5:00 p.m. on Monday-Thursday  
Closed from 12:00 p.m.-1:00 p.m. on Monday through Thursday  
Closed on Friday's; Call Lebanon office above

Website: [www.co.linn.or.us/Health/mental\\_health.ml.htm](http://www.co.linn.or.us/Health/mental_health.ml.htm)

## **Benton County**

### CORVALLIS

#### *Benton County Mental Health*

Office location: 530 NW 27<sup>th</sup> Street  
Corvallis, OR 97339

Phone: 541-766-6835

Fax: 541-766-6164

- Services are for children, youth, and adults.
- Services are available in English and Spanish; services in other languages are available – we will

provide a free interpreter upon request. Sometimes evening may be available for non-routine family meetings.

Office hours: 8:00 a.m.-5:00 p.m. on Monday through Friday

Website: <https://www.co.benton.or.us/health/page/behavioral-health>

### ***Samaritan Mental Health Family Center***

Office location: 3517 NW Samaritan Drive  
Suite 101  
Corvallis, OR 97330

Phone: 541-768-4620

Fax: 541-768-4621

- Services are for children, adolescents, and families.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter upon request.

Office hours: 8:00 a.m.-5:00 p.m. on Monday through Friday

After hours by appointment

Website: <https://www.samhealth.org/find-a-location/s/samaritan-mental-health-family-center>

## **Lincoln County**

### **NEWPORT**

#### ***Lincoln County Mental Health***

Office location: 36 SW Nye Street  
Newport, OR 97365

Phone: 541-265-4179

- Services are for children, youth, and adults.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter upon request. Sometimes evening may be available for non-routine family meetings

Office hours: 8:00 a.m.-5:00 p.m. on Monday through Friday

Website: <http://www.co.lincoln.or.us/hhs>

### **LINCOLN CITY**

#### ***Lincoln County Mental Health***

Office location: 4422 NE Devils Lake Blvd Suite 2  
Lincoln City, OR 97367

Phone: 541-994-1882

- Services are for children, youth, and adults.
- Services are available in English and Spanish; services in other languages are available – we will provide a free interpreter upon request.
- Sometimes evenings may be available for non-routine family meetings.

Office hours: 8:00 a.m.-5:00 p.m. on Monday through Friday

Website: <http://www.co.lincoln.or.us/hhs/page/lincoln-county-health-human-services>

# Mental Health Benefits

This table shows some of your covered mental health benefits as a member of IHN-CCO/OHP. These services are covered when given by an In-Network Provider. If you think you need a service that is not on this table, you or your provider should contact our Customer Service Department at 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900, before the service is given.

The services listed in the table are subject to the Prioritized List of Health Services and IHN-CCO/OHP rules. Benefits are subject to change.

Service	Your Cost*	Approval/Referral	Limits to Care
<b>Mental Health</b>			
Exceptional Needs Services	\$0	Not required	No limit
Inpatient Services	\$0	Approval required	No limit
Outpatient Counseling/Therapy	\$0	Not required	No limit with Contracted Provider
Residential Services	\$0	Approval required	No limit
<b>Alcohol and Drug Services</b>			
Counseling/Therapy	\$0	Approval required	No limit with Contracted Provider
Detox	\$0	Approval required	No limit with Contracted Provider
Residential Treatment	\$0	Approval required	Approval based on OHP guidelines

\* This cost only applies when services are given by an In-Network Provider. Any services with an Out-of-Network Provider must have prior authorization or approval unless it is an emergency. If you do not get approval, you may have to pay. See pages 14-15 for more information.

## Mental Health Prescriptions

IHN-CCO does not cover all prescriptions. Most medications that people take for mental illness are paid directly by the Oregon Health Authority (OHA). Please show your pharmacy your Oregon Health ID and your IHN-CCO ID cards. The pharmacy will know where to send the bill.

## Crisis and Urgent Mental Health Services

Crisis services are available 24 hours per day, 7 days per week. A mental health crisis is when a person needs help quickly, 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, or anything that you believe needs immediate attention.

## Mental Health Emergencies and Crises

A mental health emergency is feeling or acting out of control, or a situation that might harm you or someone else. Get help right away; do not wait until there is real danger. Call the Crisis Hotline in the table below, call 911, or go to the ER. Mental Health emergencies do not require prior approval anywhere in the United States

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 you made with your provider.

If you do not have a provider, or cannot reach your provider, call the number below for your county, or call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900. 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.

### **BENTON COUNTY**

During Business hours:

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

24 hours a day, 7 days a week

Phone: 541-766-6835

Phone: 1-888-232-7192

### **LINCOLN COUNTY**

During business hours:

8:00 a.m.-4:30 p.m. Monday through Friday

24 hours a day, 7 days a week

Phone: 541-265-4947

Phone: 1-866-266-0288

### **LINN COUNTY**

During business hours:

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

24 hours a day, 7 days a week

Phone: 541-967-3866

Phone: 1-800-304-7468

## Statewide Peer-run Warm line

This Warm line is a telephone support service designed and provided by people who have had challenges in mental health. They can support their peers who are struggling with a variety of mental health issues, who are having huge and painful feelings. Sometimes people just need a friendly person to listen and care about what they are going through. Peer counselors are available free to all Oregon residents. Call **1-800-698-2392** to talk to a peer counselor.

For more information about the Warm line and when you can call them, visit their website at [www.communitycounselingsolutions.org/warmline/](http://www.communitycounselingsolutions.org/warmline/) or call our Customer Service Department at 541-768-4550, toll-free 1-800-832-4580, or TTY 1-800-735-2900.

## 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, or if for some reason you can't make decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. You can complete it while you can understand and make decisions about your care. The Declaration for Mental Health treatment tells what kind of care you want if you ever need that kind of care but are unable to make your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your mental health treatment.

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

A declaration form is only good for three (3) years. If you become unable to decide during those three (3)

years, your declaration will remain good until you can make decisions again. You may change or cancel your declaration when you can understand and make choices about your care. You must give your form to your Primary Care Physician and the person you name to make decisions for you.

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

If your provider does not follow your wishes as stated in your Declaration for Mental Health Treatment, you can complain. A form for this is at: [www.healthoregon.org/hcrqj/](http://www.healthoregon.org/hcrqj/).

Send your complaint to:

- Health Care Regulation and Quality Improvement  
800 NE Oregon St, #305  
Portland, OR 97232
- Email: [Mailbox.hcls@state.or.us](mailto:Mailbox.hcls@state.or.us)
- Fax: 971-673-0556
- Phone: 971-673-0540; TTY: 971-673-037

## Getting Dental Care

### Call Your Primary Care Dentist (PCD) 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 Department for your PCD's name, phone number, address, and office hours. It is important to choose a provider office near your home.

As a member of IHN-CCO, you have the right to choose your PCD and Dental Plan. IHN-CCO does not limit the PCD or Dental Plan you choose if they are In-Network and accepting new patients. If you wish to change your PCD (dentist) please contact your Dental Plan. If you do not know which Dental Plan you are assigned to, please call our Customer Service for help. You can also access provider directories for your PCD by going to [www.samhealthplans.org/ihn-cco](http://www.samhealthplans.org/ihn-cco).

## Dental Plans

### Advantage Dental Services

P.O. Box 897  
Redmond, OR 97756  
<http://www.advantagedental.com/>

1-866-268-9631, TTY 1-866-268-9617  
Office Hours: 8:00 a.m. - 5:00 p.m. Monday-Friday

### Capitol Dental Care

3000 Market Street NE, Suite 228  
Salem, OR 97301  
<http://www.capitoldentalcare.com/>

1-800-525-6800, TTY 1-800-735-2900  
Office Hours: 8:00 a.m. - 5:00 p.m. Monday-Friday

### MODA/ODS

601 S.W. Second Avenue  
Portland, OR 97204  
<http://www.odscompanies.com/ohp>

1-800-342-0526, TTY 1-800-342-0526  
Office Hours: 7:30 a.m. – 5:30 p.m. Monday-Friday

### Willamette Dental Group

6950 NE Campus Way  
Hillsboro, OR 97124  
<http://www.willamettedental.com/>

1-855-433-6825 Option 3, TTY 1-800-735-1232  
Office Hours: 8:00 a.m. – 5:00 p.m. Monday-Friday

## Covered Dental Benefits

This table shows some of your covered dental benefits as a member of IHN-CCO/OHP. These services are covered when given by an In-Network Provider. If you think you need a service that is not on this table, you or your provider should contact your dental plan before you get the service. If you cannot reach your dental plan contact our Customer Service Department at 541-768-4550, Toll-Free 1-800-832-4580 or TTY 1-800-735-2900.

The services listed in the table below are subject to the Prioritized List of Health Services. Benefits are subject to change.

Dental Health	Your Cost*	Approval/Referral	Limits to Care
Basic restorative care such as a filling	\$0	Not required	No limit
Dentures	\$0	Approval required	Full: Once every 10 years if dentally appropriate Partial: Once every 5 years if dentally appropriate
Emergency Dental Care	\$0	Not required	No limit
Exams, cleaning, and x-rays	\$0	Not required	One annual exam for adults; two for children under 18. Follow-up care allowed
Extractions (removing teeth)	\$0	Approval required for wisdom teeth	Wisdom teeth are a limited benefit, not covered for orthodontics. No limit for other services
Periodontal maintenance	\$0	Not required	Covered once every six months
Specialist Care	\$0	Referral required	Approval may be required for certain services. Contact your assigned dental plan for details.

\* This cost only applies when services are given by an In-Network Provider. Any services with an Out-of-Network Provider must have prior authorization or approval unless it is an emergency. If you do not get approval, you may have to pay. See pages 14-15 for more information.

## Non-Covered Dental Services

Unfortunately, IHN-CCO and OHP cannot cover everything. We try to cover the most important services to treat common dental problems and keep you healthy. 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
- Temporomandibular joint (TMJ) dysfunction treatment
- Teeth bleaching

If you have any questions about non-covered services, please contact your assigned Dental Plan.

## Urgent Dental Care

Always call your PCD's office first about any dental problem. Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your PCD's office about an urgent problem, or they can't see you soon enough, you can go to the urgent care or walk-in clinics listed below without an appointment. If you don't know how urgent the problem is, call your PCD.

Some examples of urgent dental situations are:

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

## Dental Health Emergency Contacts

A dental health emergency includes severe tooth pain, a tooth that has been knocked out, severe swelling or infection of the gums around the tooth, and serious abscess. A dental health emergency is dental care requiring treatment within 2 days or sooner. For a dental health emergency, please call your PCD. If your PCD cannot be reached, call your Dental Plan and a person will help you with your emergency. If you cannot reach your PCD or Dental Plan, call 911 or go to the hospital emergency room. Dental emergencies do not require prior approval anywhere in the United States

<b>Advantage Dental Services</b>	1-866-268-9631, TTY 1-866-268-9617
<b>Capitol Dental Care</b>	1-800-525-6800, TTY 1-800-735-2900
<b>MODA/ODS</b>	1-800-342-0526, TTY 1-800-342-0526 or 711
<b>Willamette Dental Group</b>	1-855-433-6825 Option 1, TTY 1-800-735-1232

# InterCommunity Health Plans

*Serving the people of Oregon*

**IHN-CCO**

2300 NW Walnut Blvd

Corvallis, Oregon

541-768-4550

1-800-832-4580

TTY 1-800-735-2900

<http://www.ihntogether.org/>