



eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Member Handbook

August 2019

Welcome

Your CCO is Eastern Oregon Coordinated Care Organization (EOCCO). EOCCO is happy to help with your health. We want to give you the best care we can.

It is important to know how to use your plan. This handbook tells you about our program, how to get care, and how to get the most from your benefits.

Contact EOCCO

Address

601 SW Second Ave, Portland, OR 97204

Hours

7:30 am to 5:40 pm, Monday through

Friday

The office has disability access

Customer Service

Phone: 1-888-788-9821

TTY users, please call 711

Fax: 503-948-5577

Email: ohpmedical@modahealth.com

Website: www.eocco.com

How can we help you?

Need a printed copy of this handbook?

Call EOCCO Customer Service: 1-888-788-9821. TTY users, please call 711.

The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

To access this handbook online:

Please visit our member resources page at www.eocco.com/members/resources

For the Oregon Health Plan Handbook:

Call the State of Oregon at 1-800-273-0557. TTY users, please call 711.

Hours: Monday through Friday, 8:00 a.m. to 12:30 p.m. and 1:45 p.m. to 4:45 p.m. PST

The Oregon Health Plan Handbook tells you about:

- Covered and non-covered medical services
- Behavioral health services
- Your rights and responsibilities
- Other important information

Do you have a question about your medical benefits?

Call EOCCO Customer Service at 1-888-788-9821. TTY users, please call 711.

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

Questions about your benefits for behavioral health, drug or alcohol dependency, or substance use disorder treatment?

Call Greater Oregon Behavioral Health, Inc. (GOBHI) at 1-800-493-0040. TTY users, please call 711.

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

GOBHI's address is in The Dalles: 401 East 3rd Street, Suite 101.
There is access for members that who have a disability.
Find more information on their website: www.gobhi.org.

You can get a free ride for a medical, dental, or behavioral health appointment.

GOBHI Transportation Services manages rides for medical, dental and behavioral health appointments.

Call them at 1-877-875-4657 to schedule a ride. TTY users, please call 711.

The office is open Monday through Friday, 7:00 a.m. to 5:00 p.m. PST.

Do you have a question about your pharmacy benefits?

EOCCO Pharmacy Customer Service: 1-888-474-8539. TTY users, please call 711.

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

Do you have a question about your dental benefits?

Go to page 27 in this handbook to learn about the plans you can get through EOCCO.

Other formats

You can get this handbook in a different format. You can also get any letter from us in a different format. You can ask for another language, large print, a computer disk, audio tape, spoken presentation or Braille.

Please call EOCCO Customer Service at 1-888-788-9821. TTY users, please call 711. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. You also can visit us online at www.eocco.com.

Otros formatos

Usted puede recibir este manual del miembro y cualquiera de nuestra otra información en un diferente formato. Usted puede pedir por otro idioma, letra grande, disco, cinta de audio, presentación oral o Braille.

Por favor llame Servicio al Cliente al 1-888-788-9821 para solicitar el formato que usted necesita. Usuarios de TTY

marque 711. Están abiertos de lunes a viernes, de 7:30 a.m. a 5:30 p.m. PST. Usted también puede visitarnos en nuestro sitio web al www.eocco.com.

Words to Know

Appeal – To ask a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision; this is called *filing an appeal*.

Copay – A fixed amount of money that a member must pay upfront for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

Durable medical equipment (DME) – Things like wheelchairs, walkers and hospital beds. They are *durable* because they last a long time. They don't get used up like medical supplies.

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

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

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

ER or ED – *Emergency room* or *emergency department*, the place in a hospital where you can get care for a medical or mental health emergency.

Emergency services – Care that improves or stabilizes sudden serious medical or mental health conditions.

Excluded services – Things that a health plan doesn't pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.

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

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

Health insurance – A program that pays for healthcare. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called *premiums*.

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

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

Hospital inpatient and outpatient care – Hospital inpatient care is when the patient is admitted to a hospital and stays at least three nights. Outpatient care is when surgery or treatment is performed in a hospital and then the patient leaves afterward.

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

Network – The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

Network provider – Any provider in a CCO's network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP).

Non-network provider – A provider who has not signed a contract with the CCO, and may not accept the CCO payment as payment-in-full for their services.

Physician services – Services that you get from a doctor.

Plan – A medical, dental, mental health organization or CCO that pays for its members' healthcare services.

Preapproval (preauthorization, or PA) – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

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

Primary care provider (PCP) – A medical professional who takes care of your health. Your PCP can be a doctor, nurse practitioner, physician's assistant, osteopath, or sometimes a naturopath.

Primary care dentist – The dentist you usually go to who takes care of your teeth and gums.

Provider – Any person or agency that provides a healthcare service.

Skilled nursing care – Help from a nurse with wound care, therapy or taking your medicine. You can get skilled nursing care in a hospital, nursing home, or in your own home with home healthcare.

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

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

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INTRODUCTION AND FREQUENTLY ASKED QUESTIONS

What is the Oregon Health Plan?

The Oregon Health Plan (OHP) pays for people with low income to have healthcare. The State of Oregon and the U.S. Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care and behavioral health services. It also helps with drug and alcohol treatment, and substance use disorders. OHP can provide glasses, hearing aids, medical equipment and home healthcare. It also can help you get to appointments.

OHP does not cover everything. You can see a list of the conditions that are covered. This is called the Prioritized List of Health Services. Find it at <http://www.oregon.gov/OHA/HPA/CSI-HERC/Pages/Prioritized-List.aspx>. The lines below 469 are not funded. This means they are not usually covered. Something that is not funded can be covered if it will help a funded condition.

For help with other coverage, such as food stamps, please visit your local Department of Human Services (DHS) office. Go to <http://www.oregon.gov/dhs/assistance/Pages/index.aspx> for more information.

What is a coordinated care organization?

A coordinated care organization (CCO) is a group of healthcare providers. They work together to help people get their healthcare from the Oregon Health Plan. EOCCO is a coordinated care organization. We work together for OHP members in our community. The providers in our CCO include:

- **Greater Oregon Behavioral Health, Inc.** – Behavioral healthcare, including treatment of mental health and substance use disorders (SUD)
- **Moda Health** – Medical and pharmacy care and services
- **Advantage Dental** – Dental services for members in Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa and Wheeler counties
- **ODS Community Dental** – Dental services for members in Baker, Grant, Malheur, Umatilla, Union, Wallowa and Wheeler counties
- **GOBHI Transportation Services** – Nonemergency medical transportation

What is managed care and fee-for-service?

The Oregon Health Authority (OHA) wants OHP members to have their care managed by private companies. OHA pays managed care companies a set amount each month to provide healthcare services to members. Most OHP members must get managed medical, mental health and dental care. CCOs are a type of managed care organization.

If you do not have managed care, OHA pays for your care as fee-for-service (FFS). This is also known as open card. It means that providers are paid for each service separately. American Indians and Alaska Natives on OHP can choose managed care or FFS. Any CCO member can provide a good reason and ask to leave managed care. Talk to your doctor or caseworker about the best way to get your healthcare.

What counties does EOCCO serve?

EOCCO offers care in these counties:

- Baker
- Gilliam
- Grant
- Harney
- Lake
- Malheur
- Morrow
- Sherman
- Umatilla
- Union
- Wallowa
- Wheeler

What does EOCCO do?

EOCCO works with providers to give you the best care we can. Our staff may contact you to:

- Help set up your care
- Help you understand your care plan after an appointment
- Remind you about appointments
- Ask how we can help you get healthier
- Set up care when you see more than one provider
- Suggest you see your provider for routine care

What is a Patient-Centered Primary Care Home?

A Patient-Centered Primary Care Home (PCPCH) is a healthcare clinic that has been recognized for its focus on the member. In a PCPCH, you are the most important part of your care. Your PCPCH will better coordinate your care to help get you the services you need. They will listen to your concerns and answers your questions. Your PCPCH offers after-hours help. Late night care helps you avoid a visit to the emergency room. They want to help you play an active role in your health. These are PCPCH standards of care:

- **Accessible:** Care is available when you need it
- **Accountable:** Clinics take responsibility for their community and provide quality care
- **Comprehensive:** Patients get the care, information and services they need to stay healthy
- **Continuous:** Providers know their patients and work with them to improve their health over time
- **Coordinated:** Clinics help patients navigate the healthcare system to get the care they need in a safe and timely way
- **Patient and Family Centered:** Patients and their families are the most important part of healthcare. Care should draw on a patient's strengths to set goals, and communication should be culturally competent and understandable for all.

How to get the provider directory

Visit our website at <https://www.eocco.com/members/providersearch> to find providers in our network. Get information on our medical, dental, and behavioral health providers, as well as a list of alternative care providers.

You can also call EOCCO Customer Service at 1-888-788-9821 for assistance in finding a provider. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

Printed copies of the directory are available. Please feel free to contact Customer Service and we will help you.

What is a Community Advisory Council?

A Community Advisory Council (CAC) is a group of volunteers in each EOCCO county. CACs ask members for ideas to improve services from EOCCO. They give us ideas to improve EOCCO programs. CACs also set up practices to get EOCCO members involved with their own health. The CAC is open to the public, and public comment is encouraged. Call Greater Oregon Behavioral Health, Inc. (GOBHI) to get involved. Their number is 1-800-493-0040. They are open Monday through Friday, 8:00 a.m. to 5:00 p.m. PST. TTY users, please call 711. You can ask for a written detail of the CAC functions and rules (charter and bylaws). Contact them to share an idea, or visit <https://www.eocco.com/members/cac> to learn more.

What if I get a bill for covered services?

If your provider sends you a bill, don't pay it. Please call EOCCO Customer Service at 1-888-788-9821 right away. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711. **DO NOT IGNORE MEDICAL BILLS.** Many providers send unpaid bills to debt collectors. Sometimes they sue in court to get paid.

When you must pay

If you see a provider who does not take OHP, you must pay. Before an appointment or going to a pharmacy, make sure the provider accepts your insurance card. Make sure the provider is in-network. Also, you have to pay when:

- You were not an OHP member when you received a service
- You sign an "agreement to pay" form for a service that OHP does not cover, or
- You have private insurance, and the insurance company pays you (not the provider) back for healthcare services. You must give the payment back to the provider. If OHP paid the provider for this same service before this happens, you must give the payment you received to OHP.

If you do have to pay a bill, call your provider. They may have hardship options to help you pay the bill.

Do I have a copay?

No, OHP does not have copays. If your provider asks for a copay, don't pay it. Please call EOCCO Customer Service at 1-888-788-9821 right away. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

Some people who also have Medicare coverage may have a small copay for prescriptions.

New members

If you need medical care before you get your ID card, covered services will be paid. These include prescriptions, supplies and other items you need. Please call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711. We will help you find a provider and get the care you need.

HOW YOUR PLAN WORKS

EOCCO is a managed care plan. Managed care plans improve quality of care by contracting with its providers. Our providers are rewarded when you are healthy. We contract with all types of providers to assess your needs. Your care begins with your primary care provider.

Primary Care Provider (PCP)

Your primary care provider (PCP) is part of your physical health plan. Your PCP could be a:

- Doctor
- Physician assistant
- Nurse practitioner

Your PCP can help you with:

- Regular check-ups
- Normal aches and pains
- Immunizations (shots)
- Ongoing treatment and care (such as for diabetes)
- Referrals to specialty care
- Prescriptions

Your PCP should be your first call when you need care. Call your PCP to make an appointment. It is important to get to know them. If you are new to your PCP or other providers, make an appointment as soon as possible. This way, your providers can learn about you and your medical history before you have a medical problem. This will help you avoid any delays the first time you need to use your benefits.

Before your appointment, write down any:

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

When you don't feel well or need a checkup, call your PCP. They will make an appointment or help you decide what kind of care you need. When you call your PCP for an appointment, make sure to call during the office or clinic hours. Tell the office or clinic that you are an EOCCO member. Give them your name and EOCCO ID number. Tell them what kind of appointment you need.

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

Choosing a PCP

As a member, you choose a clinic or doctor's office as your PCP. Choose your PCP by mailing us the PCP Selection Sheet you received with your welcome packet. EOCCO may also assign you a PCP if you do not choose one within 30 days. Find your PCP's phone number in the provider directory or call EOCCO Customer Service. If you did not receive a welcome packet, call us.

You can get your PCP's phone number from EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

Your PCP assignment

If you live in Morrow or Umatilla County, we will assign you a PCP. If you want to choose a different PCP, you have 30 days. Choose from the provider directory or on <https://www.eocco.com/members/resources>. Call Customer Service and tell us your new PCP's name. If approved, you can start seeing your new PCP on the day your PCP change is made.

Members living in all other service areas can choose their own PCP. You will have 30 days to choose one from the provider directory. Call Customer Service and let us know which PCP you have chosen. If approved, you can start seeing your PCP on the day you make your selection.

If you do not choose a PCP within 30 days of enrollment, we will choose one for you. Call Customer Service if you need help choosing a provider.

Changing your PCP

If you want to change your PCP, you can do so within 30 days of enrollment. You can also change your PCP up to two times every six months.

To choose a new PCP, use the provider directory at <https://www.eocco.com/members/resources>. We can also assist you in this process. Call EOCCO Customer Service at 1-888-788-9821 and tell us your selection. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711. If approved, you can start seeing your new PCP on the day your PCP change is made. Each

eligible member of your family must choose a PCP. Each person can have a different PCP.

Care teams

We respect the dignity and diversity of our members. It is our goal to make sure our services meet the needs of people of all different backgrounds. We respect all cultures, languages, races, and ethnic backgrounds. You will not be judged based on ability, religion, gender identity or sexual preference. We want you to feel welcome and well-served.

Intensive case management

Intensive Case Management (ICM) is for when you have complex needs. It gives you education, support and community resources. This assists you in managing your health. It also helps you navigate the health care world.

The ICM Team consists of:

- Registered nurses
- Behavioral health clinical specialists

These teams are ready to help you with your specific needs. They assist you with learning self-management skills. These skills help you manage your situation now and in the future. The ICM team will work with you and your providers to:

- Access community resources to make sure you feel comfortable, safe and cared for
- Use care programs to help you manage chronic health conditions
- Help with medical issues such as diabetes, heart disease and asthma
- Help with behavioral health issues such as depression and substance use disorder
- Talk with you about how to live well and feel better
- Help you make the most of your provider visits
- Help you understand and support your PCP's treatment plan

Please call EOCCO Customer Service to begin the process of getting in contact with a member of the ICM team:

EOCCO Customer Service
1-888-788-9821

The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

Care coordination

EOCCO also has a team of care coordinators. They are registered nurses (RNs). This care team is ready to help you with your prior authorization needs. To talk with an RN Care Coordinator, please call Health Care Services at 1-800-592-8283. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

Oregon Health ID card

When you enroll in OHP, you will get an Oregon Health ID card. This is mailed to you from the Oregon Health Authority (OHA). Each OHP member in your household gets an ID card. Take your ID card with you to medical appointments and the pharmacy. If you lose your ID card, contact your Department of Human Services (DHS) caseworker. They can help you get a new card. You can also call the OHA Client Services unit at 1-800-273-0557. The office is open Monday through Friday, 8:00 a.m. to 5:00 p.m. PST. TTY users, please call 711.

Coverage letters

You will receive an important coverage letter from OHA that shows:

- Your caseworker's ID and phone number
- Your OHP benefit package
- Your managed care plans
- Everyone in your household who has an Oregon Health ID card

You will receive a coverage letter for these reasons:

- When you first join OHP
- If there are any changes to your OHP benefits
- When you have a new CCO
- When you have changes to your name or household members

Please note that the letter will be the same each time, except where it says "Reason for letter."

Private insurance

Some people have two types of insurance. They have both private insurance and EOCCO. Private insurance is insurance you can buy through the market or get from your job. On your coverage letter it is called a "third-party resource" (TPR). It is also called a "third party liability" (TPL). When the Oregon Health Authority knows that you have private insurance, it will be on your coverage letter.

You must tell us when you get or lose health coverage. Such as private insurance.

You must tell OHA within 30 days of the change. To report coverage changes, please go to <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hig.aspx>.

You can also call the Health Insurance Group (HIG) for more information. They are open Monday through Friday, from 8 a.m. to 5 p.m. PST. Their number is: 503-378-6233.

Tell your PCP or other healthcare providers about the coverage you have. This includes private insurance and EOCCO.

- By law, Medicaid pays for healthcare costs last. That means that other insurances will pay for services first. EOCCO pays whatever costs are left when there is no other insurance. Sometimes OHP will pay for services that EOCCO does not cover.

If you pay monthly for your private insurance, the Health Insurance Premium Payment Program (HIPP) may help pay for it. For more information or to apply for premium help, visit: <http://www.oregon.gov/DHS/BUSINESS-SERVICES/OPAR/Pages/tpl-hipp.aspx>

EOCCO ID card

Each member of EOCCO also gets an EOCCO ID card. This card is very important. It shows that you are an EOCCO member and lists other information. It tells you what to do in an emergency and lists the Customer Service phone numbers. Be sure to show your EOCCO ID card and Oregon Health ID card each time you go to the doctor or pharmacy.

Members assigned to Advantage Dental will get a separate ID card. Use it every time you see a dentist. To learn more about dental plans through EOCCO, please see page 27 in this handbook.

GETTING CARE

How to make a doctor's appointment:

- Call your PCP during office hours (normally 9 a.m. to 5 p.m.)
- Find your PCP's phone number online in the provider directory at <https://www.eocco.com/members/resources>
You can also call EOCCO Customer Service at 1-888-788-9821, Monday through Friday, from 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.
- Tell the office you are an EOCCO member and why you want to see a provider
- If possible, give a phone number where you can be reached
- Remember to take your Oregon Health ID card and EOCCO ID card to your appointment
- If you need language or sign language interpretation, tell the clinic staff. They can have an interpreter at your appointment free of charge. Be sure to let them know of your language needs one or two days before your appointment.
- If you need help getting to your OHP-covered appointment, call GOBHI Transportation Services at 1-800-493-0040 for a free ride or travel reimbursement
- The GOBHI Transportation Services office is open Monday through Friday, 7:00 a.m. to 5:00 p.m. PST
- TTY users, please call 711

How to see a behavioral health provider

Sometimes you do not need a referral from your PCP. Like to get behavioral health services. You can call any behavioral health provider. Use the EOCCO provider directory to get their number. Some services need a prior approval. Your provider will get one for you.

If you cannot keep your appointment

- Call the provider's office as soon as you can. The office will reschedule your appointment. This gives someone else a chance to use your cancelled time.
- If you miss too many appointments, your provider may dismiss you as a patient. Your provider also may see if there are ways to help you keep your appointments.

Interpreter and translation services are free

If you are hearing or sight impaired, you can get an interpreter. Interpreters are qualified and certified health care interpreters. Your provider can get this for you. You can also get help with English. Be sure to let them know of your needs one or two days before your appointment. Services included are:

- Language interpretation
- Sign language interpretation
- Written translation
- Braille
- Large Print
- Audio
- Other preferred formats

You can also call EOCCO Customer Service for help. They can help you get translation or an interpreter. Call them at 1-888-788-9821. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

If you want to know if your interpreter is qualified and/or certified in Oregon, go to <http://www.oregon.gov/OHA/oei/Pages/index.aspx>

Your PCP's office can get an interpreter after hours. They are available for an urgent or emergency call.

Seeing a specialist or other provider

Do you think you need to see a specialist or other provider? In most cases, you must see your PCP first. Your PCP will decide if you should see another provider. Then your PCP will write a referral. EOCCO must approve the referral before you can go to your appointment.

In most cases, you need a referral to see an out-of-network provider. You can get a referral from your PCP. Please ask EOCCO Customer Service if you will need a referral. Call them at 1-888-788-9821. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

Out-of-network providers

You must see an in-network EOCCO provider. Most of the time a referral is needed to see an out-of-network provider. When needed, your PCP will help get you a referral. When there is not an in-network provider within 60 miles, they will help you get a referral. They will also get you a referral if there is not one within 60 minutes. EOCCO will work with your provider to approve the referral.

Out-of-network behavioral health providers

You do not need a referral for behavioral health services, even when they are out-of-network. You do need prior approval. The out-of-network behavioral health provider will request approval for you.

Call EOCCO Customer Service for help finding an out-of-network provider at:
1-888-788-9821

The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

Services that do not need a referral

For some services, you do not need a referral. You can see any network provider. Here are some examples:

- Urgent and emergency care
- Family planning and birth control
- Routine vision exam
- Prenatal (pregnancy) care
- Immunizations (shots)
- Women's annual gynecological exams
- Routine laboratory and radiology services
- Behavioral health services, including mental health and substance use disorder (SUD) treatment

Services that need prior approval

Some services need approval before they are given. Your PCP will request approval from EOCCO. Here are some examples of services that need approval:

- In-patient hospital stays
- Surgeries
- Medical equipment
- Most specialist services
- Out-of-network behavioral health services
- Inpatient substance use disorder (SUD) residential and detox services
- Outpatient substance use disorder (SUD) Medication-Assisted Therapy (MAT)
- Behavioral health respite stays
- Behavioral health Psychiatric Residential Treatment Services (PRTS)

Clinical practice guidelines

We are committed to giving you effective care. Our in-network providers have agreed to follow standards. These standards make sure that the care you get is necessary. They also say that the treatment is effective. We use evidence of what works well to get you better. A quality group reviews these standards and changes them when needed. Standards may change to treat new diseases and to promote a healthy lifestyle. To review our clinical practice guidelines, please visit: <https://www.eocco.com/members/resources>

You may also call EOCCO Customer Service to receive a copy of these guidelines at:
1-888-788-9821

The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

How to get a second opinion

Your provider will give you a diagnosis or treatment plan. If you want a second opinion, you can request one. Just call and tell us you would like a second opinion. Call EOCCO Customer Service at 1-888-788-9821. The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST. TTY users, please call 711.

After-hours medical care

If you need help when your PCP's office is closed, call your PCP's office phone number. You may get an answering service. Say you are an EOCCO member. You will get advice or a referral of somewhere else to call or go.

You should call your PCP after hours only for urgent medical conditions. For routine advice and appointments, call during business hours.

Emergency care

An emergency is a condition that puts your life in danger. It can be an injury or a sudden illness. The emergency can also cause harm to your body. If you are pregnant, the emergency can involve your baby. Here are some examples of emergencies:

- Broken bones
- Bleeding that does not stop
- Possible heart attack
- Loss of consciousness
- Seizure
- Severe pain

Call 911 or go to the emergency room when you think you are in danger.

- Emergency care is covered day or night. It is covered every day of the year. You have the right to get services at a hospital in an emergency. An emergency is covered in the United States. It is not covered in Mexico or Canada. It must be a true emergency.
- Emergency care includes services that maintain and stabilize your condition
- You don't need a referral or approval for emergency care

Please call your PCP or EOCCO Customer Service within three days of receiving emergency care

After an emergency, you may need follow-up care. This includes anything you need after being discharged from the emergency room. Follow-up care is not an emergency. Call your PCP's office to schedule any follow-up care.

Do not go to the emergency room for care you should get from your PCP. Here are some examples of nonemergency care:

- Sore throat
- Cold
- Flu

- Back pain
- Tension headache

If you are not sure whether you should go to an emergency room, call your PCP's office. Someone can give you advice 24 hours a day. Speak to the provider on call, even if he or she is not your usual provider.

Emergency care away from home

You may need care when away from home or outside of the EOCCO service area. Call 911 or go to the emergency room. If it is a true emergency it is covered. Please call your PCP if you need further care away from home. We do not cover services outside the United States, including Canada and Mexico.

Behavioral health emergency

A behavioral health emergency is when you need help right away to be safe. It is when you or other people are in danger. An example is feeling out of control. You might threaten to hurt yourself or others. Emergency services do not need approval. Call 911 or go to the emergency room if you are in danger. Get help after an emergency, too. A behavioral health provider will help you get stable and improve your health.

Behavioral health crisis

A behavioral health crisis is when you need help quickly. If not treated, the condition can become an emergency.

Examples of things to look for if you or a family member is having a behavioral health crisis:

- You are considering suicide
- You are hearing voices to hurt yourself or another person
- You hurt other people, animals or property
- You have dangerous or very disruptive behaviors at school or work, with friends or family

Suicide prevention

If you have a mental illness and do not treat it, you may risk suicide. With the right treatment, your life can get better.

Common suicide warning signs:

Get help if you notice any signs that you or someone you know is thinking about suicide. At least 80 percent of people thinking about suicide want help. You need to take warning signs seriously.

Here are some suicide warning signs:

- Talking about wanting to die or kill oneself
- Planning a way to kill oneself, such as buying a gun
- Feeling hopeless or having no reason to live

- Feeling trapped or in unbearable pain
- Talking about being a burden to others
- Giving away prized possessions
- Thinking and talking a lot about death
- Using more alcohol or drugs
- Acting anxious or agitated
- Behaving recklessly
- Withdrawing or feeling isolated
- Having extreme mood swings

Never keep thoughts or talk of suicide a secret!

If you want to talk with someone outside your mental health plan, contact any of the following:

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or suicidepreventionlifeline.org
- David Romprey Oregon Warmline: 1-800-698-2392
- YouthLine: 1-877-968-8491

Urgent medical care

An urgent condition is serious enough to be treated right away. However, it's not serious enough for the emergency room. If you have an urgent problem, call your PCP's office. You can call anytime, day or night, on weekends and holidays. Tell the office you're an EOCCO member. You will get advice or a referral. If you can't reach your PCP about an urgent problem or your PCP can't see you soon enough, go to an urgent care center. You don't need an appointment. Urgent problems are things like severe infections, sprains and strong pain. If you don't know whether your problem is urgent, call your PCP.

Childbirth education

EOCCO will pay up to \$50 for a child birth preparation class. See your local hospital. Call EOCCO Customer Service for details:

1-888-788-9821

The office is open Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

PLAN BENEFITS AND SERVICES

Oregon Health Plan coverage

OHP covers a full range of services. This includes preventive and routine care, substance use disorder (SUD) treatment services, and more. The following services are covered.

Preventive care

Your PCP will give you general and preventive care. Preventive care includes checkups and some tests. Talk about your schedule for checkups with your provider. Other preventive care includes:

- Well-child exams
- Immunizations (shots) for children and adults (not for foreign travel or employment purposes)
- Routine physicals (not for employment or insurance purposes)
- Pap tests
- Mammograms (breast X-rays) for women
- Prostate screenings for men
- Maternity and newborn care
- Colorectal screenings

Specialty care

If you need specialty care, your PCP will refer you to a specialist. You must have a referral to see a specialist.

Lab tests, X-rays and other procedures

Labs, X-rays and other tests are covered if your PCP orders them. An authorized specialist may also order them.

Prescription medications

You can fill prescriptions at an in-network pharmacy. A list of these pharmacies is in the provider directory. The pharmacy must also be registered with the State.

Show both your EOCCO ID card and Oregon Health ID card when filling a prescription. Some medications require both cards. You may not be able to fill a prescription without them.

A pharmacist may recommend a generic medication. They are recommended instead of a brand name. Brand name medications are sold under a trademark. The trademark is protected by name. A generic medication is the same as the brand name drug but costs less. They are approved by the Food and Drug Administration (FDA).

Generic medications are considered by physicians and pharmacists to be therapeutically the same as brand name alternatives and more cost-effective. Generic medications must contain the same active ingredient as their brand name counterparts and be identical in strength, dosage and formulation.

Visit our website to find a list of drugs covered by EOCCO at:

<https://www.eocco.com/members/pharmacy>

Some medications are covered only if approved first. Your provider will ask us for approval if it is needed. Some over-the-counter drugs are covered with a written prescription. EOCCO does not cover brand name medications when a generic is available. Your provider would need to get prior approval for the brand name medication. If not approved, you would have to pay out of pocket.

Contact us if you have questions about covered drugs:

EOCCO Pharmacy Customer Service
1-888-474-8539

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST
TTY users, please call 711

Specialty pharmacy

Ardon Health is our specialty pharmacy. They distribute drugs that need to be handled with special care and follow up. Contact their patient care associates or pharmacists toll-free at:

Ardon Health
1-855-425-4085

Hours: Monday through Friday, 8:00 a.m. to 7:00 p.m. PST
Saturday hours: 8:00 a.m. to 12:00 p.m. PST
TTY users, please call 711

Home-delivery pharmacy

EOCCO typically uses Postal Prescription Services (PPS) for mail-order pharmacy. For more information, please contact:

EOCCO Pharmacy Customer Service
1-888-474-8539

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST
TTY users, please call 711

Prescription coverage for members on Medicare

OHP is not the primary plan for prescription coverage for members also enrolled in Medicare. Instead, you will use a federal program called Medicare Prescription Drug Coverage. This is Part D of Medicare. EOCCO will not pay for any part of your Part D copays. If you have Part D, show your Medicare ID card and your EOCCO ID card to the pharmacy. The pharmacy must bill your Part D plan first. EOCCO will not pay for drugs covered by Part D. If your medication is not covered, your pharmacy can bill EOCCO to see whether the medication is covered under OHP. EOCCO will continue to pay for all other covered services.

You can choose not to enroll in a Part D drug plan. If you do, you pay out of pocket for most of your prescriptions.

Prescription coverage for behavioral health

We do not cover all prescriptions. OHP pays for most medications people take for behavioral health and may require up to a \$3 copay. Please show your pharmacist your Oregon Health and EOCCO ID cards. The pharmacy will know where to send the bill.

Site of Care program

EOCCO works with Magellan Rx. They help you get some specialty IV medications. This is called the Site of Care program. With this program you can get an infusion outside of the hospital. The site of service will be either at home or in an office. Infusions

for the specified drugs will not be covered in an outpatient hospital. Authorizations are still required in this program.

You do not need to change prescribers for this program. What will change is the place where you go for medicine. Your infusion will change from a hospital outpatient setting to a home or office.

Your prescriber might believe an outpatient hospital setting is best for you. We will consider an exception. This is done case by case. It depends on the information the prescriber gives us about your medical needs.

Magellan Rx and EOCCO will give members a preferred site of service. Coram is the preferred home infusion provider in most cases. However, OHSU prescribers may refer patients to OHSU Home Infusion Services.

For more information on the Site of Care program, please call:
EOCCO Customer Service
1-888-788-9821
Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

Family planning

For family planning, you can see:

- Your PCP
- Any EOCCO provider
- The county health department
- A family planning clinic
- Any provider who will take your EOCCO ID card

You do not need a referral from your PCP for family planning. Covered services include:

- Physical exams
- Lab and X-ray services
- Birth control education
- Birth control supplies
- Sterilization

Hospital care

If you need hospital care, your PCP will get approval for a hospital stay. Call your PCP before you go to the hospital. It is not required in an emergency.

Online Pain School

EOCCO is happy to launch a new chronic pain treatment program. This is offered through our website.

Pain School is a four-week program. It runs for 2 hours, 1 day per week. Here's what is provided:

- Pain education
- Movement therapy
- Tools and resources to reduce pain
- Ways to improve your quality of life
- Ways to help you return to the things you enjoy

This program is focused on the total person. It is not focused on just the pain. A physician or primary care provider referral is helpful. However, it is not required to join.

For more information, please visit: <https://www.painschool.co/pain-schools-about/>

Online Pain School is a pilot program sponsored by EOCCO. It is a complement to the existing pain clinic programs. Existing programs are in La Grande and Baker City.

Substance use disorder (SUD) treatment

You can get substance use disorder treatment without a referral from your PCP. See the provider directory for a list of providers. If you need help finding a provider, call your PCP or Customer Service. Treatment includes:

- Counseling office visits
- Medical assisted treatment (MAT)
 - Synthetic opiate and methadone treatment
 - Suboxone and naltrexone treatment
- Detoxification services
- Residential treatment services

Stop smoking and tobacco use

Help to stop smoking and using tobacco is covered. This includes:

- Individual and group counseling (outpatient)
- Nicotine patches, gum and lozenges
- Prescriptions commonly used for quitting smoking and tobacco use

We will pay for 10 counseling sessions every three months. You do not need a referral for treatment and counseling. Nicotine products must be prescribed by your provider. You need a prescription for patches, gum and lozenges.

Health coaching for quitting tobacco

You can get a health coach to help you quit tobacco use. Coaching is available at no cost. Tools and services are included in the program to help you make healthy choices and take care of yourself. To contact a tobacco quit coach, call:

EOCCO Health Promotion and Wellness
 1-877-277-7281
 Email: careprograms@modahealth.com
 Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
 TTY users, please call 711

Behavioral health services

Behavioral health services are covered. You can ask for help with depression and anxiety. Help is also available for family problems. Ask for help with the family in a group or individual setting. We also cover mental health assessments to find out what kind of help you need.

Psychiatric hospital services are covered. Ask for case management, therapy and care if you need it. We will help with your care when you enter a psychiatric hospital. We want to make sure the services work together to improve your health. We will work with community mental health programs to manage your health. If you need a long-term psychiatric care program, you will receive follow-up services. Those services help with discharge. We want you to return to the community as soon as possible.

For a list of behavioral health providers please visit:

<https://www.eocco.com/members/resources>

You can also call us for help:

Eocco Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

Important: You do not need a referral to get behavioral health services from an in-network provider

Adult behavioral health services

Choice Model Program

The Choice Model Program helps with serious and ongoing mental illnesses. The program offers adults better care. Aid takes place in a residential setting. The program provides adults with the support they need to return to their community. In addition, it helps people who are at risk of needing a high level of care stay in their communities. The program's goal is to keep people healthy and outside of state hospitals. Care coordination helps adults be independent.

Children's behavioral health services

Children can get help with behavioral health. Many services and programs are offered. The family can be included in deciding what kind of help is needed. Behavioral health providers work with everyone to make the best plan. Children's behavioral health services include:

- Individual and family counseling visits, sometimes including skills trainers and mentors to help support the process
- Applied Behavioral Analysis (ABA), a program for children with autism
- Early Childhood Program, helps support communities to improve children's health and well-being

- Planned and crisis respite, provides short-term out-of-home care to children—giving families a break when they need it (due to behavioral health or social issues)
- Therapeutic foster care that provides full-time, out-of-home behavioral health or social issues care to children
- Systems of Care, offering a range of support for children and families
- Wraparound, a team-based planning process helping children, young adults, and their families reach a unified vision
- Intensive Outpatient Services (IOS), a program that helps children who have severe mental health conditions get the right care

Systems of Care and Wraparound planning involve everyone in the child’s life, including:

- Schools
- Community Organizations
- Doctors
- Criminal Justice
- Other identified community members—neighbors, coaches, youth ministers, etc.

For more details about children’s behavioral health services and programs, please call:

Greater Oregon Behavioral Health, Inc. (GOBHI)
 1-800-493-0040
 Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST
 TTY users, please call 711

Mental health prescriptions

We don’t cover all prescriptions. Most medications for mental illness are paid by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health ID card and EOCCO ID card. The pharmacy will know where to send the bill.

Dental services

We do offer dental benefits. EOCCO works with two dental care plans:

- Advantage Dental
- ODS Community Dental

Your assigned plan will send you an ID card. If you have ODS, this will be listed on your EOCCO medical card. If you have Advantage Dental, you will receive a separate ID card directly from them.

If you need care right away and do not know which plan you have, please call:

EOCCO Customer Service
 1-888-788-9821
 Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
 TTY users, please call 711

The county you live in will determine which plan provides your dental benefits. See the list below.

Advantage Dental

www.advantagedental.com

1-866-268-9631

TTY: 711

Hours: 8:00 a.m. to 6:00 p.m. Monday through Thursday, 8:00 a.m. to 5:00 p.m. on Fridays

Counties served: Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, and Wheeler

ODS Community Dental

<https://odscommunitydental.com/>

1-800-342-0526

TTY: 711

Hours: 7:30 a.m. to 5:30 p.m. Monday through Friday

Counties served: Baker, Grant, Malheur, Umatilla, Union, Wallowa, and Wheeler

Getting Started

It is important that you know how to use your dental plan. Your dental plan may help you choose a dental clinic or office as your primary care dentist (PCD). Your PCD will work with you to take care of your dental needs.

Don't wait until you have pain or a dental emergency. Please call your PCD to schedule an appointment after you are assigned to your dental care plan. When you call your PCD, tell them you are an EOCCO member and which dental care plan you have.

Good oral health helps with overall health. You should make appointments to see your dentist at least once per year. Your dentist will talk with you about what kind of care you might need and how often you should visit.

Referrals to specialists

Talk with your PCD if you need to see a dental specialist. Also talk with them if you need to see another dental provider. Your PCD will decide which services are necessary. They will also decide if you need to visit a dental specialist to have them done.

If you need to see a specialist or other provider, your PCD will refer you. If you go to a provider without a referral, you may have to pay for the care yourself. Get help in an emergency if you cannot contact your dentist.

Urgent and emergency dental care

An urgent dental condition can be treated right away. It does not require emergency room care. If you have an urgent dental problem, call your PCD's office. Examples of urgent dental conditions are:

- Toothache
- Swollen gums
- Lost filling

It can take up to two weeks to get an appointment for an urgent condition. However, urgent care normally happens much sooner than two weeks. When you call or visit your dentist, they will decide how best to treat you. They will make an appointment based on your needs.

Emergency care is covered 24 hours a day, seven days a week. In a dental emergency, call your dentist day or night. Speak to the dentist on call even if he or she is not your primary care dentist. You don't need prior authorization to get emergency care. A dental emergency, like the following examples, requires immediate treatment:

- A tooth has been knocked out
- You have severe swelling or infection in the mouth
- You have severe tooth pain (pain that keeps you from sleeping, or does not stop when you take over-the-counter medicine such as aspirin or Tylenol)

Please note that emergency dental care does not usually require a trip to the Emergency Department. Emergency dental care should be handled by the on-call dentist.

Changing dental care plans

If you didn't choose the dental plan you are assigned to, you may change it. You may change your dental plan twice per year. To request to switch, call:

EOCCO Customer Service
1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

Important: A CCO member may change their dentist without changing their dental plan.

Covered services

Some services may need to be approved in advance. These services must be necessary to be covered. For more detailed information on your dental benefits, call your dental plan. Your dental plan is listed on your Member ID card.

Benefit	Pregnant women and members under 21	All other adults
Emergency services		
Emergency stabilization <i>Examples:</i> <ul style="list-style-type: none"> • Extreme pain or infection • Bleeding or swelling • Injuries to the teeth or gums 	Yes	Yes
Preventive services		
Exams	Yes	Yes
Cleaning	Yes	Yes
Fluoride treatment	Yes	Yes
X-rays	Yes	Yes
Sealants	Yes (Up to age 16)	Not Covered
Restorative services		
Fillings	Yes	Yes
Partial dentures	Yes*	Yes*
Complete dentures	Yes* (Age 16 and older)	Yes*
Stainless steel crowns	Yes*	Yes*
Oral surgery and endodontics		
Extractions	Yes*	Yes*
Root canal therapy	Yes*	Limited*
Prescription medication		
EOCCO covers prescription medications ordered by your dental provider in most cases		

*Dentures, crowns, extractions and root canal therapy coverage are subject to OHP guidelines

Vision services

Vision services are not always covered. They are covered only for members who are under 21 years old or pregnant. We pay for routine vision exams, glasses and contact lenses. You can find a provider for routine care in the directory. The provider directory is found online at: <https://www.eocco.com/members/providersearch>

For help finding a provider or for a copy of the directory, call:

EOCCO Customer Service
1-888-788-9821
Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

If you have an eye injury or infection, call your PCP for care or a referral.

- Pregnant women (21 or older) can have an eye exam and new glasses or contacts (lenses and frames) every 24 months
- Members age 20 and younger can have an eye exam and new glasses or contacts (lenses and frames) every 12 months
- Members age 20 and younger: exams and glasses may be covered more often if your physician or optometrist recommends it

Hearing services

Hearing aids, hearing tests and batteries are covered. If you need hearing services, your PCP will make a referral.

Skilled nursing facility care

Nursing home (skilled nursing) care is covered after you have been in the hospital. This care is covered for up to 20 days after discharge from the hospital. Your provider will get approval from us. Additional care may be covered if you have Medicare.

Transportation

Ambulance rides are covered for two reasons:

- In an emergency
- When your PCP has approved the ride before your appointment

You may be able to get free rides if you have no other way to get to your appointment.

You can get a ride for a covered service, which includes:

- Pharmacy
- Medical
- Dental
- Behavioral Health

If you need a ride, call:

GOBHI Transportation Services

1-877-875-4657

Hours: Monday through Friday, 7:00 a.m. to 5:00 p.m. PST

TTY users, please call 711

*PLEASE NOTE: You must call at least two days before your appointment.

Services covered by OHA

Some services are covered only by OHA. This is true even if you are a member of EOCCO. These services include:

- Elective abortion and related services
- Prescription drugs for mental health conditions

Contact OHP Client Services to learn how to get these services:

1-800-273-0557

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

TTY users, please call 711

Indian health services

If you are American Indian, you have access to other choices for care. The same is true for Alaska Natives. You can use clinics that are not in our network. This includes tribal wellness centers and Indian Health Service (IHS) clinics. These clinics must follow the same rules as network providers. Only covered benefits will be paid. If a service needs approval, the provider must request it first. To find out which services need approval, call customer service:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

Rights of minors (under age 18)

Sometimes people under age 18 (minors) may want to get healthcare on their own. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors can get on their own, and how minors’ healthcare information may be shared.

Find this booklet online at <https://www.oregon.gov/oha/HSD/OHP/Pages/Splash.aspx>. Click on “Minor rights and access to care.”

Non-covered services

Not all medical care is covered. When you need care, contact your PCP. If you have questions about covered or non-covered services, call our Customer Service line. If you receive a service that is not covered, you may have to pay the bill. You only have to pay if you signed a form before you got the service saying you agree to pay for it. The form must show the name of the service and the approximate cost.

You may not be covered by a provider that is not in our network. An out-of-network provider can bill you directly if the service is not covered. The exception is in an emergency. Emergency services are covered whether by an in-network or out-of-network provider.

You may be billed if you get services that are not in an emergency and not from an EOCCO provider. The charges may include Medicare deductibles and coinsurance.

The following are examples of non-covered services:

- Treatment for problems that get better on their own, such as colds
- Treatment for problems that can be treated at home, such as sprains
- Cosmetic surgeries or treatments
- Treatments that are not generally effective
- Services to help you get pregnant
- Weight-loss programs
- Orthodontics, except to treat cleft palate in children
- Buy ups*

*A buy up is when a member pays a difference. For a buy up, a service is covered by OHP, but the member wants a more expensive, non-covered treatment. The member tries to pay the difference between the covered and non-covered service. An example is a basic pair of eyeglasses. They are covered by OHP, but the pair the member prefers is not. A member cannot buy up by paying the difference.

Changes in access to benefits

We will notify you of changes in access to a benefit. You will be notified in writing 30 days before the change, or as soon as possible.

Transgender health

EOCCO respects the healthcare needs of all of its members. This includes members who identify as or are:

- Trans women
- Trans men
- Gender nonconforming
- Two-spirit
- Non-binary

We cover gender transition services. To learn more, call:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

IF YOU ARE PREGNANT

If you become pregnant, call your DHS caseworker right away. Your DHS worker will make sure you do not lose medical coverage. If you don't have a DHS worker, call OHP Client Services. If you are pregnant or think you might be, see a provider right away. Regular checkups are important for your baby's health.

Call your DHS worker or OHP Client Services as soon as your baby is born. They will enroll your baby in OHP.

Maternity services outside the service area

Please try to stay within our service area for the last 30 days of your pregnancy. Care might not be covered outside of our service area. The birth and newborn checkup are covered. These are covered in the hospital. Emergency care for your baby is covered. Prenatal (pregnancy) care is not covered outside the service area.

OTHER IMPORTANT INFORMATION

Changes to your address or phone number

If you move or change your phone number, it is important that we know of this change. You must have a correct address on file to receive important updates. We will tell you if there are any changes to your benefits.

The best way to get your information updated is at the website: <http://ONE.Oregon.gov>

To learn how to sign up and use your ONE account, visit:
<https://www.oregon.gov/oha/HSD/OHP/pages/ONE.aspx>

OR

Follow these steps to tell us about an address or phone number change:

1. Send a secure email to OregonHealthPlan.Changes@dhsoha.state.or.us
2. To send a secure email, go to <https://secureemail.dhsoha.state.or.us/encrypt>, then enter your email address
3. In the subject line, write “address change” and the date of the change

OR

1. Ask a community partner for help
2. Community partners are providers that help people apply for OHP
3. To find a partner, go to <http://www.OregonHealthCare.gov> and click “Find local help”
4. You can search by ZIP code for partners near you

OR

1. Call 1-800-699-9075
2. Listen carefully to find out which number to press for address changes

Also, make sure to give your PCP’s office your new address or phone number.

Information and privacy

We will now describe how medical information about you may be used and shared or disclosed. We will also tell how you can get this information.

There is a law that protects your medical records and keeps them private. It is called HIPAA. We also have a notice that says how we use your personal information. This is included in the member welcome packet you receive when you enroll in EOCCO. It is called the Notice of Privacy Practices. You may request a copy from Customer Service.

All of your records are private. This privacy includes when you talk with someone from EOCCO. These records will not be shared without your permission. The only exception is when OHA requests records.

The Notice of Privacy Practices tells you how we can use or disclose (share) information about you. Not all situations are listed.

We may use and disclose information without your permission in these situations:

- To providers to help with your treatment
- To get payment or to pay for services you received
- To help manage our programs and activities
- During inspections or investigations of our services
- When required or permitted by federal or state law or by court order
- For abuse reports and investigation as required by law
- To law enforcement to avoid a serious threat to the health and safety of a person or the public

You have the right to ask us not to share your medical information with certain people. Tell us in writing anyone you do not want to see your records.

Dual-eligible members (Medicaid and Medicare)

If you have Medicaid and Medicare you are dual eligible. Certain services may be paid for by Medicaid while other services may be paid for by Medicare. If you have it is possible that you have more appeal rights.

For more information, call:

EOCCO Customer Service
1-888-788-9821
Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

Leaving managed care

OHP members can ask to leave EOCCO for any reason. Your head of household can ask for disenrollment by phone or in writing. It will take effect on the next weekly enrollment cycle once approved.

American Indians and Alaska Natives can change plans at any time. People who have Medicare can also ask to change plans at any time. You can request to be moved from CCO to open card enrollment. Talk to your provider or caseworker about the best choice for you.

How to change

If you want to leave EOCCO, call:

OHP Customer Service
1-800-699-9075

Hours: Monday through Friday, 8:00 a.m. to 5: p.m. PST
TTY users, please call 711

There are several chances for you to change. Another CCO has to be 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. Call OHP Member Services phone number at: 1-800-699-9075
- You can change CCOs once each year
- If you are an American Indian or Alaska Native, or are also on Medicare, you can ask to change or leave your CCO anytime

When you have a problem getting the right care, please let us try to help you before leaving EOCCO. Please call EOCCO Customer Service and ask for a care coordinator at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

If you still want to leave EOCCO, call OHP Customer Service at:

1-800-699-9075

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

TTY users, please call 711

Plan disenrollment request

EOCCO could ask OHA to remove you from our plan if you:

- Lose your eligibility for OHP
- Move out of the EOCCO service area
- Commit fraud or illegal acts
- Abuse staff or property

Advance directives

All adults have the right to make decisions about their care. This includes the right to accept and refuse treatment.

An illness or injury may keep you from telling your doctor and family members about the care you want to receive. Oregon law allows you to state your wishes in advance, before you need that kind of care. The form you use is called an advance directive. You have the right to fill out an advance directive. You can make a complaint if your provider does not do what you ask in your advance directive.

Health Care Regulation and Quality Improvement

971-673-0540

TTY 771

Hours: 8:00 a.m. to 5:00 p.m. PST

Mail a complaint to:
800 N.E. Oregon St, #305
Portland, OR 97232

Email: mailbox.hcl@state.or.us

You can find complaint intake forms and additional information at:
<http://www.oregon.gov/OHA/PH/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/pages/index.aspx>

Completing the advance directive is your choice. If you choose not to fill out and sign the advance directive, your coverage or access to care will stay the same.

We can give you a free booklet on advance directives. It is called Making Health Care Decisions. Just call customer service to learn more:

EOCCO Customer Service
1-888-788-9821
Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
TTY users, please call 711

You also can learn about advance directives by calling Oregon Health Decisions at:
503-692-0894 or 1-800-422-4805

Hours: Monday through Thursday, 9:00 a.m. to 3:00 p.m. PST
TTY users, please call 711

Declaration for mental health treatment

Oregon has a form for writing down your wishes for mental health care. The form is called the Declaration for Mental Health Treatment. The form is for when you have a mental health crisis or you can't make decisions about your mental health treatment. You can complete the form while you can understand and make decisions about your care. The form tells what kind of care you want if you are ever unable to make decisions on your own. Only a court and two doctors can decide if you cannot make decisions about your mental health.

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 form will take effect. It will remain in effect until you can make decisions again. You may cancel your declaration when you can make choices about your care. You must give your form both to your PCP and to 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://www.oregon.gov/oha/HSD/AMH/Forms/Declaration.pdf>

If your provider does not follow your wishes in your form, you can complain. A form for this is at www.healthoregon.org/hcrqi. Send your complaint to:

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

Email: Mailbox.hcls@state.or.us

Fax: 971-673-0556

Member records

Each provider will keep your record. Your record will include a history of your health. It will also include services and referrals you have received. You have the right to ask for and get copies of your records. You can ask either your provider or EOCCO for the copies. We may charge a fee for copies. You also have the right to ask that the record be changed or corrected.

MEMBER RIGHTS AND RESPONSIBILITIES

EOCCO members shall have the following rights and are entitled to:

- Be treated with dignity and respect
- Be treated by participating providers the same as other people seeking health care benefits to which they are entitled and to be encouraged to work with the member's care team, including providers and community resources appropriate to the member's needs
- Choose a Primary Care Provider (PCP) or service site and to change those choices as permitted in the EOCCO administrative policies
- Refer oneself directly to behavioral health or family planning services without getting a referral from a PCP or other participating provider
- Have a friend, family member, or advocate present during appointments and other times as needed within clinical guidelines
- Be actively involved in the development of their treatment plan
- Be given information about their condition and covered and non-covered services to allow an informed decision about proposed treatments
- Consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services
- Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency
- Have written materials explained in a manner that is understandable to the member and be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system

- Receive culturally and linguistically appropriate services and supports in locations as geographically close to where members reside or seek services as possible and choice of providers within the delivery system network that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations
- Receive oversight, care coordination and transition and planning management from EOCCO within the targeted population of the Division to ensure culturally and linguistically appropriate community-based care is provided in a way that serves them in as natural and integrated an environment as possible and that minimizes the use of institutional care
- Receive necessary and reasonable services to diagnose the presenting condition
- Receive integrated person-centered care and services designed to provide choice, independence and dignity and that meet generally accepted standards of practice and are medically appropriate
- Have a consistent and stable relationship with a care team that is responsible for comprehensive care management
- Receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources including but not limited to the use of certified or qualified health care interpreters advocates, community health workers, peer wellness specialists, and personal health navigators who are part of the member's care team to provide cultural and linguistic assistance appropriate to the member's need to access appropriate services and participate in processes affecting the member's care and services
- Obtain covered preventive services
- Have access to urgent and emergency services 24 hours a day, seven days a week without prior authorization
- Receive a referral to specialty providers for medically appropriate covered coordinated care services in the manner provided in the EOCCO referral policy
- Have a clinical record maintained that documents conditions, services received, and referrals made
- Have access to one's own clinical record, unless restricted by statute
- Transfer of a copy of the clinical record to another provider
- Execute a statement of wishes for treatment, including the right to accept or refuse medical, surgical, or behavioral health treatment and the right to execute directives and powers of attorney for health care established under ORS 127
- Receive written notices before a denial of, or change in, a benefit or service level is made, unless a notice is not required by federal or state regulations
- Be able to make a complaint or appeal with EOCCO and receive a response
- Request a contested case hearing
- Receive certified or qualified health care interpreter services, and
- Receive a notice of an appointment cancellation in a timely manner

- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion

EOCCO members shall have the following responsibilities:

- Choose or help with assignment to a PCP or service site
- Treat EOCCO, providers, and clinic staff members with respect
- Be on time for appointments made with providers and to call in advance to cancel if unable to keep the appointment or if expected to be late
- Seek periodic health exams and preventive services from the PCP or clinic
- Use the PCP or clinic for diagnostic and other care except in an emergency
- Obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed
- Use urgent and emergency services appropriately and notify the member's PCP or clinic within 72 hours of using emergency services in the manner provided in the EOCCO referral policy
- Give accurate information for inclusion in the clinical record
- Help the provider or clinic obtain clinical records from other providers that may include signing an authorization for release of information
- Ask questions about conditions, treatments, and other issues related to care that is not understood
- Use information provided by EOCCO providers or care teams to make informed decisions about treatment before it is given
- Help in the creation of a treatment plan with the provider
- Follow prescribed agreed upon treatment plans and actively engage in their health care
- Tell the provider that the member's health care is covered under the OHP before services are received and, if requested, show the provider the Division Medical Care Identification form
- Tell the DHS or OHA worker of a change of address or phone number
- Tell the DHS or OHA worker if the member becomes pregnant and notify the worker of the birth of the member's child
- Tell the DHS or OHA worker if any family members move in or out of the household
- Tell the DHS or OHA worker if there is any other insurance available
- Pay for non-covered services under the provisions described in OAR 410-120-1200 and 410-120-1280
- Pay the monthly OHP premium on time if so required
- Assist EOCCO in pursuing any third-party resources available and reimburse the CCO the amount of benefits it paid for an injury from any recovery received from that injury, and
- Bring issues or complaints or grievances to the attention of EOCCO

INFORMATION AVAILABLE UPON REQUEST

EOCCO

If you would like information about EOCCO's structure and operation, call Customer Service at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

Provider payments

You can ask if we pay our physicians bonuses. You can ask if they get a bonus for limiting referrals. Or you can ask about any other bonuses.

To get this information, please call our Customer Service and ask for information about our physician payment arrangements:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

PROVIDER APPEAL RIGHTS

Your provider can appeal a decision by us. They can appeal when we deny a requested service. Providers can call Customer Service to request the appeal at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

Providers also can help you submit appeals to EOCCO. If you would like help from your provider, please contact his or her office.

COMPLAINTS AND APPEALS

If you are not happy with the care from your provider, you can file a complaint. You can also file a complaint if you are not happy with your service from EOCCO. A denial is a decision to not pay for a service. If you receive a denial, you can appeal that too. If your appeal is upheld, you can request a hearing. This is called an administrative hearing.

If you need help with a complaint or an appeal, we will help you. We will also help you with a request for an administrative hearing. Your caseworker can help you as well.

You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at:

1-800-520-5292
TTY users, please call 711

They will give advice and may represent you. Available hours are posted in the hotline message. You also can find Legal Aid information online at:
<http://www.oregonlawhelp.org/>

Follow these steps to file a complaint or appeal or to request an administrative hearing:

Complaint

1. To file a medical complaint, call EOCCO Medical Customer Service or write:

EOCCO
Attn: Appeal Unit
601 SW Second Ave
Portland, OR 97204

Telephone: 1-888-788-9821
Hours: 7:30 a.m. to 5:30 p.m. PST
Monday – Friday
TDD/TTY: 711
Fax: 1-503-412-4003

2. To file a behavioral health complaint, call GOBHI Member Services or write:

GOBHI
Attn: Member Services
401 East 3rd Street, Suite 101
The Dalles, OR 97058

Telephone: 1-800-493-0040
Hours: 8 a.m. to 5:00 p.m. PST
Monday – Friday
TDD/TTY: 711

1. We will tell you within five working days that we received your complaint. We will either provide our decision at that time or explain the delay.
2. We will respond to your complaint within 30 calendar days of receiving it. You may need to give EOCCO permission to request your medical records. All information about your complaint is confidential.

If you are not satisfied with the response to your complaint, you can file a complaint with the State of Oregon by writing to:

Oregon Health Authority Ombudsman
500 Summer St NE, E17
Salem, OR 97310-1097
Telephone: 1-503-947-2346 or 1-877-642-0450
TTY: 771

You may also present the grievance to:

Oregon Health Plan (OHP) Client Services Unit (CSU)
1-800-273-0557
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

Appeal

1. To file a medical appeal, call EOCCO Customer Service within 60 days of the date of the written denial. Or you may file your appeal in writing by sending us an EOCCO appeal form or other written documentation. You should receive this form with your denial. If not, call or write:

EOCCO
Attn: Appeal Unit
601 SW Second Ave
Portland, OR 97204

Telephone: 1-888-788-9821
Hours: 7:30 a.m. to 5:30 p.m. PST
Monday – Friday
TDD/TTY: 711
Fax: 1-503-412-4003

2. To file a behavioral health appeal, call GOBHI Member Services within 60 days of the date of the written denial. Or you may file your appeal in writing by sending us a GOBHI appeal form or other written documentation. You should receive this form with your denial. If not, call or write:

GOBHI
Attn: Member Services
401 East 3rd Street, Suite 101
The Dalles, OR 97058

Telephone: 1-800-493-0040
Hours: 8:00 a.m. to 5:00 p.m. PST
Monday – Friday
TDD/TTY: 711

If you call in an appeal, you must follow up with a written, signed appeal. Use the EOCCO appeal form that you received with a copy of your denial. EOCCO can help you write your appeal.

If you call in a behavioral health appeal, you must follow up with a written, signed appeal. Use the GOBHI appeal form that you received with a copy of your denial. GOBHI can help you write your appeal.

1. We will acknowledge the receipt of your appeal within five working days.
2. We will complete the review and respond to your appeal within 16 calendar days. If EOCCO/GOBHI cannot resolve your complaint within 16 calendar days, you will receive another letter explaining the delay. Your complaint will be resolved within 14 calendar days from the date the original 16 calendar days ended.
3. If you believe your problem is an emergency and cannot wait for a review, ask EOCCO for an expedited or “rush” appeal. If EOCCO/GOBHI agrees that your appeal is an emergency, we will respond to your request within 3 days (72 hours).

4. You may need to give EOCCO/GOBHI your consent to investigate the appeal and request your medical records. All information about your appeal is kept private.
5. You have the right to continue services during the appeal process, but you will be responsible for payment of those services if the denial is upheld.
6. You have the right to have someone file an appeal and speak for you. Please give us in writing the name of the person who will represent you.

Administrative hearing

You can request a hearing for medical or dental services. Just call EOCCO, OHP Client Services or your DHS caseworker. Make sure to call within 120 days of the date of the denial. Call EOCCO at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

Or call OHP at:

OHP Client Services

1-800-273-0557

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

TTY users, please call 711

Ask for an appeal form. You should receive this form with your denial letter. Read it completely. It tells you how to ask for a faster hearing. Also it tells you how to continue services during the hearing process.

Complete the appeal form and return in to OHA. The address is listed on the form. You can also give it to your DHS caseworker. Make sure to do this within 120 days from the date of the denial.

You have the right to continue services during the hearing process. If the appeal denial is upheld then you will be responsible to pay for those services.

Behavioral health administrative hearing

You can request a hearing related to mental health or substance use. Call GOBHI Member Services. Make sure to call within 120 days of the date of the denial. Reach them at:

Greater Oregon Behavioral Health, Inc. (GOBHI)

1-800-493-0040

Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

TTY users, please call 711

Ask for an appeal form. You should receive this form with your denial letter. Read it completely. It tells you how to ask for a faster hearing. Also it tells you how to continue services during the hearing process.

Complete the appeal form and return in to OHA. The address is listed on the form. You can also give it to your DHS caseworker. Make sure to do this within 120 days from the date of the denial.

You have the right to continue services during the hearing process. If the appeal denial is upheld then you will be responsible to pay for those services.

Unfair treatment

Do you think EOCCO or your doctor was unfair? 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 use services and have access to buildings. They also have the right to get information in a way they understand. We will make changes by talking with you about your needs.

To report concerns or get more information, please contact us at:

EOCCO Customer Service

1-888-788-9821

Hours: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST

TTY users, please call 711

You also have a right to file a civil rights complaint with the U.S. Office for Civil Rights. Contact them in one of these ways:

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

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

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

200 Independence Avenue SW, Room 509F HHH Bldg, Washington, D.C. 20201

Email: OCRComplaint@hhs.gov

Web: <http://www.hhs.gov/>

Disability rights

The Americans with Disabilities Act (ADA) makes sure that people with disabilities have access to healthcare. If you have a disability you have a right to equal access. You can ask OHA or EOCCO for help. Contact OHA's Office of Equity and Inclusion:

Email: OHA.PublicCivilRights@state.or.us

Phone: 1-844-882-7889, TTY users dial 711



This member handbook is also available online at
<http://www.eocco.com/members/resources.shtml>

601 SW Second Avenue
Portland, Oregon 97204-3156

503-765-3521 or 888-788-9821