



eocco

EASTERN OREGON
COORDINATED CARE
ORGANIZATION

Member Handbook

2021

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.

Family members, caregivers or member representatives can also ask for this information.

If you request an electronic copy of our member handbook or any other documents, Customer Service will ask for your permission to email that to you. Your email address will only be used with your permission.

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.

Language Access Services

Everyone has a right to know about Eastern Oregon Coordinated Care Organization's programs and services. All members have a right to use our programs and services. We give free help when you need it. Some examples of the free help we can give are:

- Sign language interpreters
- Spoken language interpreters for other languages
- Written material in other languages
- Braille
- Large print
- Audio and other formats

If you need help, please contact:

EOCCO Customer Service

Call: 1-888-788-9821

TTY users, please call 711

Email: EOCCOMedical@eocco.com

Web: www.eocco.com

Welcome

Your Coordinated Care Organization (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

Mailing Address

601 SW Second Ave
Portland, OR 97204

Hours

7:30 am to 5:30 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: EOCCOmedical@eoeco.com
Website: www.eoeco.com

How can we help you?

Need a printed copy of this handbook?

If you need a free, 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. We will supply our member handbook within five business days.

To access this handbook online:

Please visit our member resources page at
<https://www.eoeco.com/members/your-resources/general-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 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

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

Non-Emergent Medical Transport (NEMT) services are available to give you 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, 8:00AM- 5:00PM PST (9:00AM- 6:00PM Mountain Time).

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 39 in this handbook to learn about the plans you can get through EOCCO



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*.

Behavioral Health- Means mental health, mental illness, addiction disorders, and substance use disorders.

Co-pay or Co-Payment – An amount of money that a person must pay themselves for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

Coordinated Care Organization (CCO) – A CCO is made up of all types of healthcare providers in a community. They work together to care for people on the Oregon Health Plan in an area (or region) of the state.

Devices for Habilitation and Rehabilitation – Supplies to help you benefit from habilitation and/or rehabilitation therapy services or help with other everyday tasks. Some examples are:

- Walkers
- Canes
- Crutches
- Glucose monitors
- Infusion pumps
- Prosthetics and orthotics
- Low vision aids
- Communication devices
- Motorized wheelchairs
- Assistive breathing machines

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 Room Care – Care you get when you have a serious medical issue and it is not safe to wait. This can happen in an Emergency Room (ER).

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.

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

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*.

Health Risk Screening – A form will be sent out to look at the member's health status. This will be used see if any one-on-one help is needed to work through problems that could be related to the member's health. The form will ask the member about their emotional and physical health, behaviors, living conditions, and family history. The CCO will use this information to connect the member to right help and support that will help the member's health.

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.

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.

Hospitalization – When someone is checked into a hospital for care.

Intensive Care Coordination – Some members with special health care needs will get additional assistance and resources to help reach healthy results. Example of someone with special health care needs may be: older adults, people with disabilities, people with multiple or chronic conditions, children with

behavioral problems, people using IV drugs, women with high risk pregnancy, veterans and their families, or those with HIV/AIDS or tuberculosis

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

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.

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

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.

Participation Provider – A provider the CCO chooses to have a contract with. If you see network providers, the CCO pays. Also called a "network provider"

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.

Premium – The cost of insurance

Prescription Drug Coverage – Health insurance or plan that helps pay for medications.

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

Primary care physician or Primary care provider (PCP) – Also called a "PCP", is a medical professional who takes care of your health. They are usually the first person you call when you have health issues or need care. Your PCP can be a

doctor, nurse practitioner, physician's assistant, osteopath, or sometimes a naturopath.

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

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

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

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.

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

Traditional Health Worker (THW) – A public health worker who works with health care providers to serve a community or clinic. Traditional Health Workers make sure members are treated fairly. Not all Traditional Health Workers are certified by the State of Oregon. There are five different types of Traditional Health Workers:

- Community Health Worker
- Peer Wellness Specialist
- Personal Health Navigator
- Peer Support Specialist
- Birth Doula

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. OHP can provide glasses, hearing aids, medical equipment and home healthcare. It also can help you get rides 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:

<https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List.aspx>

The lines below 471 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 (CCO) and the CCO approach?

A coordinated care organization (CCO) is made up of all types of healthcare providers in a community. They work together to care for people on the Oregon Health Plan in an area (or region) of the state. EOCCO is made up of medical, dental, behavioral health providers across Eastern Oregon who work together to get you the care that you need. Providers and EOCCO work together to make sure all members get the right services including dual eligible members.

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, behavioral 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 possible. 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) or other primary care team is a healthcare clinic that has been recognized for its focus on the member. In a PCPCH or other primary care team, you are the most important part of your care. Your PCPCH or primary care team 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 or other primary care team 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 and primary care team standards of care:

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

PCPCH providers and clinics are rewarded when you are healthy. EOCCO pays them based on how well they meet their patients' needs and how they improve the patients' health.

If you need help finding a PCPCH or have any questions, 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.

How to get the provider directory

Our provider directory is updated regularly please visit our website at <https://www.eocco.com> 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. Please call us if you would like more information. The number is 1-800-493-0040. We 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.

When you must pay

If you see a provider who does not take OHP, you must pay unless it is an Emergency Room visit. 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.

What if I get a bill for covered services?

If your provider sends you a bill, don’t pay it. Providers cannot bill you for an OHP service without a completed “agreement to pay” form. Do not sign any paperwork until you know the provider will bill EOCCO. 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 may sue in court to get paid. It is important that you contact us as soon as possible. We are here to help and want to help if you receive a 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.

EOCCO will mail you a health survey that you can fill out and mail back. This can also be called a health risk screening. EOCCO uses your answers to help you get the right care. A care coordinator might call you to talk about your answers. If you do not mail it back, EOCCO will call you to answer these questions. You can also call EOCCO at 1-800-592-8283 and we can help you fill out the form. EOCCO will mail this survey to you every year, or sooner if you have changes.

If you are turning 65 and enrolling on a Medicare plan or qualify for Medicare for another reason, we can help you with the transition. EOCCO will get you the services, supplies and prescriptions that you need in the first month. You or your representative can ask us to send your records and health information to your new Medicare plan.

If you are turning 65 or recently enrolled with Medicare and have questions about your care and services, 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.

Transition of Care

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

This help is for members who have serious health issues, need hospital care or inpatient mental health care. For example, members who need end stage renal disease care, prenatal or postpartum care, transplant services, radiation, or chemotherapy services.

If you need care while you change plans, please call 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.

For more information about Transition of Care, please visit our website:
<https://www.eocco.com/members/your-resources/general-resources>

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. EOCCO pays most providers based on how well they meet their patients' needs and how they improve the patients' health. This is how EOCCO can keep costs down and help you stay healthy. We contract with all types of providers to meet your needs. Your care begins with your primary care provider.

If you want more information about how EOCCO providers are paid, please contact 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.

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.

Members living in all service areas can choose their own PCP. You will have 30 days to choose a PCP from the provider directory or at <https://www.eocco.com>. 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 the highest Patient Centered Primary Care medical Home (PCPCH) in the county you live. Call Customer Service if you need help choosing a provider.

Changing your PCP

If you want to change your PCP, let us know in the first 30 days you join EOCCO. You can also change your PCP up to 2 times every 6 months.

To choose a new PCP, use the provider directory at

<https://www.eocco.com/eocco-provider-search/>

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.

Care coordination

Care coordination gives you education, support and community resources. This assists you in working on your health. It also helps you navigate the health care world. EOCCO has a team of care coordinators for all members, including dual eligible members. You are dual eligible if you have both Medicare and Medicaid. Care coordinators are behavioral health clinical specialists or registered nurses (RNs). This care team is ready to help you with your prior authorization and other needs. The care coordinator can:

- Help you navigate your benefits and understand how they work
- Help you make the most of your provider visits
- Talk with you about how to live well and feel better

Your care coordinator can provide Intensive Care Coordination services if you need more help. These services help if you:

- Are an older adult, hard of hearing, deaf, blind, or have other disabilities
- Have high health care needs, multiple chronic conditions, or severe and persistent mental illness (SPMI)
- Are receiving Medicaid-funded long-term care services and supports (LTSS)

You and your care coordinator will come up with a plan, called the Intensive Care Coordination Plan (ICCP), that helps you meet and keep personal goals, health, and safety. This plan applies to all providers and programs you are working with. This plan addresses medical, social, cultural, developmental, behavioral, educational, spiritual, and financial needs so you have positive health and wellness results. Your care team works together on this plan to help you meet your goals. Your care coordinator can also:

- 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
- Create a treatment plan with you

Please call EOCCO Customer Service to request a care coordinator:

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

Special Healthcare Needs

EOCCO will work to coordinate services for members who need extra help getting care. Members with special healthcare needs do not need a referral to see a specialist. Members with special health care needs may have:

- High health care needs
- Multiple chronic conditions
- Mental illness
- Substance abuse disorders
- Have functional disabilities
- Live with health or social conditions that may cause functional disabilities

Social conditions may be:

- Serious chronic illnesses
- Homelessness
- Family problems that has led to children being placed in foster care.

Our care teams will help these members create a treatment plan based on information from the members healthcare providers. Our care teams can also give these members information about programs, services, providers and resources.

Within 60 days of EOCCO being told about a member with special health care needs, EOCCO health care professionals will review the member to help find any special conditions the that cause the member to need extra support. EOCCO will work with you, your providers, healthcare representatives or family members to create this plan.

If you are not sure if you have special healthcare needs, 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

Traditional Health Workers (THW)

Traditional Health Workers work with health care providers to help a community or clinic. Their job is to make sure members are treated fairly. There are five specialties:

1. **Community Health Worker:** A Community Health Worker (CHW) can help you navigate the health system and help you start healthy behaviors. A CHW is usually someone who shares ethnicity, language, or life experiences with people they serve.
2. **Peer Wellness Specialist:** A Peer Wellness Specialist (PWS) is someone who has experienced psychiatric condition(s) and can help someone recover from addiction or mental health conditions and physical conditions.
3. **Personal Health Navigator:** A Personal Health Navigator (PHN) can provide information, help, tools and support to help you make the best health care decisions.
4. **Peer Support Specialist:** A Peer Support Specialist (PSS) can provide support services to help someone recover from addiction or mental health conditions.
5. **Birth Doula:** A Birth Doula provides personal and nonmedical support to women and families through pregnancy, childbirth and post-partum experience.

To find a THW, please call or email our THW Liaison:

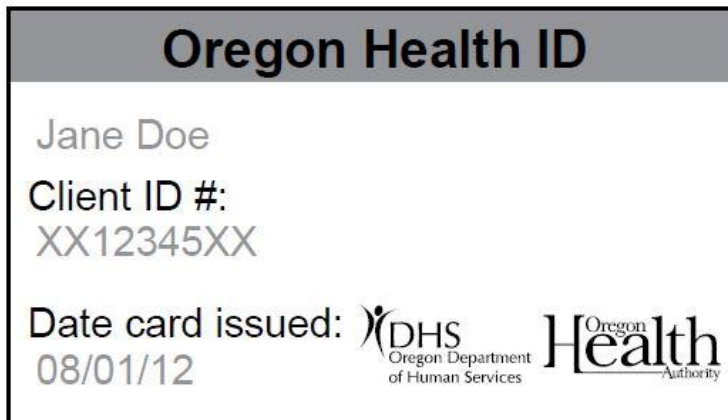
Sherrie Grief
sherrie.grief@eocco.com
(541) 408-6826

If the name, phone number, and/or email addresses changes for the THW Liaison, this information will be on our website: <https://www.eocco.com/contact>

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.

Your Oregon Health ID Card will look like:



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-hiq.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 or you can email them at TPR.REFERRALS@dhsoha.state.or.us

Tell your PCP or other healthcare providers about any health plan 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. That is your primary coverage. EOCCO pays whatever costs are left when there is no other insurance if the payment from primary coverage is not more than what we would pay if we were the only coverage. 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>

If EOCCO becomes aware that a provider was paid by a third-party carrier then EOCCO will ask the provider for a refund. EOCCO will ask the provider for a refund once we have made sure that the provider got a payment from another third-party carrier. Examples of a third-party carrier may be motor vehicle accident insurance or workers comp.

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.

Your EOCCO ID Card will look like:



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 46 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/eocco-provider-search/>.
 - You can also call EOCCO Customer Service at:
 - 1-888-788-9821
 - Hours: Monday through Friday, from 7:30a.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 the Non-Emergent Medical Transportation (NEMT) Services at 1-877-875-4657 for a free ride or travel reimbursement. TTY users, please call 711.
- The Non-Emergent Medical Transportation Services office is open Monday through Friday, 8:00AM- 5:00PM PST (9:00AM- 6:00PM Mountain Time).

How to see a behavioral health provider

Sometimes you do not need a referral from your PCP. Behavioral health services do not need a referral. You can call any behavioral health provider. Use the EOCCO provider directory at <https://www.eocco.com/eocco-provider-search/> 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

You can get translation services or an interpreter for free. Interpreters are qualified and certified health care interpreters. Other translation or interpreter services included are:

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

All these services listed above are also available in English or any other preferred language.

Family members, caregivers or member representatives can also ask for translation or interpreter services for you.

EOCCO Customer Service can help you get the services listed above. 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.

Your provider can also get this for you.. Be sure to let them know of your needs one or two days before your appointment.

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.

Telehealth

Telehealth is a way for you to get care from your provider without going into the clinic or office. Telehealth means you can have your appointment through a phone call or video call. EOCCO will cover telehealth visits when you want to visit your provider using telehealth.

Telehealth lets you visit your provider using a:

- Phone (audio)
- Smartphone (audio/video)
- Tablet (audio/video)
- Computer (audio/video)

These are all free. If you do not have internet or video access, talk to your Primary Care Provider (PCP) about what will work for you.

Not all providers have telehealth options for appointments. You should ask about telehealth when you call to schedule your appointment.

Telehealth: Covered Services

EOCCO members using telehealth have the right to get appropriate physical, behavioral health and dental services that they need.

Some examples of when you can use telehealth are:

- When your provider wants to visit with you before refilling a prescription
- Counseling services
- Following up from an in-person visit
- When you have routine medical questions
- If you are quarantined or practicing social distancing because of the COVID-19 outbreak
- If you are not sure if you need to go into the clinic or office

Telehealth is not recommended for emergencies. If you feel like your life is in danger, please call 9-1-1 or go to the nearest emergency room.

This is not a complete list of when you may want to use telehealth. Each provider has different services. We ask that you call your provider to find out more about what services they have. Telehealth services offered by your provider are secure. Some providers might also have technology that you can use for your telehealth visit.

Providers are not allowed to limit members to only telehealth types of visits. EOCCO works with providers to make sure that members can have access to telehealth services and that the care is in their preferred language and providers are respectful of the member's culture and needs.

Just like appointments in the office or clinic, you can also request interpretation or language services for telehealth appointments. Please see page 24 for a full list of those services for more information about language and interpretation services.

For more information about telehealth call EOCCO Customer Services 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.

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

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

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 if one is needed. 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.

- 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 Special Healthcare Needs (SHCN) or need Long Term Support Services (LTSS) you will receive a letter from EOCCO. The letter will have information about your benefits. The letter will also tell you how you can see a specialist without a referral. EOCCO has many resources and programs for you.

Access to Care

EOCCO works with in-network providers to make sure that you get the care you need in time. We also make sure that there are enough providers in the area, different provider types that members can access, and that providers are within a fair travel time and distance. For example, travel time and distance to a provider or clinic in areas close to a big city should not be more than 30 minutes or 30 miles. For rural areas like Eastern Oregon, travel times and distance should not be more than 60 minutes or 60 miles.

EOCCO works with the provider network to make sure that you will be seen, treated or referred within the times listed below:

Care Type	Timeframe
Physical Health	
Regular appointments with PCP	Within 4 weeks
Urgent Care	Within 72 hours
Emergency Care	Immediately
Oral Health	
Regular oral health appointments	Within 8 weeks
Urgent oral care	Within 1 week
Emergency oral care	Within 24 hours
Behavioral Health	
Routine behavioral health care for non-priority populations	Within 7 days
Urgent behavioral health care for all populations	Immediately

Specialty behavioral health care for priority populations*	
Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages birth through five years, members with HIV/AIDS or tuberculosis, members at the risk of first episode psychosis and the I/DD population	Immediately
IV drug users including heroin	Immediately
Opioid use disorder	Within 72 hours
Medication assisted treatment	As soon as possible (cannot pass 72 hours)

* For specialty behavioral health care services, if there is no room or open spot:

- You will be put on a waitlist.
- You will have other services given to you within 72 hours
- These services will be temporary until there is a room or open spot

If you have any questions about access to care, please contact EOCCO Customer Service:

- 1-888-788-9821
- 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
- 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 services and supplies, such as birth control

- Routine vision exam
- Prenatal (pregnancy) care
- Immunizations (shots)
- Women's annual gynecological exams
- Routine laboratory and radiology services
- Orthopedic providers
- Behavioral health services, including mental health and substance use disorder (SUD) treatment
- Intensive Care Coordination services

Self-Referral

Self-refer means that you can seek care or service without approval from your PCP. You may self-refer for:

- Traditional Health Worker services,
- In-network Behavioral Health Services
- Health risk screening for Intensive Care Coordination services
- Sexual abuse exams
- Covered family planning services

You can also self-refer for the services listed above from an out of network provider.

Services that need preapproval

Some services need approval before they are given. Your PCP will request approval from EOCCO. This is also called preapproval, or prior authorization (PA). Here are some examples of services that need preapproval:

- In-patient hospital stays
- Surgeries
- Medical equipment
- Most specialist services
- Some lab tests, X-rays and other procedures
- Out-of-network behavioral health services
- Inpatient substance use disorder (SUD) residential and detox services
- 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/your-resources/member-forms>

You may also call EOCCO Customer Service to receive a copy of these guidelines at:

- 1-888-788-9821
- 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
- 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.

Urgent medical care and walk-in clinics

An urgent problem is serious enough to be treated right away, but it's not serious enough for the emergency room. Urgent problems are things like severe infections, sprains and strong pain

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 or walk-in clinic. You don't need an appointment. If you don't know whether your problem is urgent, call your PCP.

Here are some of the urgent care centers and walk-in clinics in the EOCCO area:

County	Urgent Care	Phone Number
Baker County	St. Luke's EOMA 3950 17 th St. Baker City, Oregon 97814	541-523-1152
Gilliam County	Sherman County Medical Clinic 110 Main St. Moro, Oregon 97039	541-565-3325
Grant County	St. Luke's EOMA 3950 17 th St.	541-523-1152

	Baker City, Oregon 97814	
Harney County	Harney District Hospital Family Care 557 W Washington St. Burns, Oregon 97720	541-573-2074
Idaho County*	St. Luke's Urgent Care 1000 State St. McCall, Idaho 83638	208-452-8600
	Saint Alphonsus Urgent Care 10583 W Lake Hazel Rd. Boise, Idaho 83709	208-452-8050
Lake County	Lake Health Clinic 700 S J Street Lakeview, OR 97630	541-947-3366
Malheur County	St. Luke's Walk-in Fruitland, Idaho 1210 NW 16 th St. Fruitland, Idaho 83619	208-452-8600
	St. Alphonsus Regional Urgent Care Fruitland, Idaho 910 NW 16 th St. #101 Fruitland, 83619	208-452-6851
Morrow County	Pioneer Memorial Clinic 130 Thompson St. Heppner, Oregon 97836	541-676-5504
Sherman County	Sherman County Medical Clinic 110 Main St. Moro, Oregon 97039	541-565-3325
Umatilla County	CHI St. Anthony Hospital Family Clinic 3001 St Anthony Way Pendleton, Oregon 97801	541-966-0535
	Good Shepherd Urgent Care 610 NW 11 th St. Hermiston, Oregon 97838	541-567-2995
	Hermiston Family Medicine and Urgent Care 236 E Newport Ave. Hermiston, Oregon 97838	541-567-1137
Union County	Grande Ronde Walk-in Clinic 506 Fourth St. La Grande, Oregon 97850	541-663-2300
Wallowa County	Winding Waters 603 Medical Pkwy Enterprise, Oregon 97828	541-426-4502
Wheeler County	Pioneer Memorial Clinic 130 Thompson St.	541-676-5504

This is not a full list. Please use our Provider Directory search tool at <https://www.eocco.com/eocco-provider-search/> for a full list of urgent care centers and walk-in clinics.

*EOCCO does not serve members in Idaho County. EOCCO members may go to St. Luke's Urgent Care in Idaho County for care.

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 if you need an ambulance 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 3 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.

Post-stabilization care services are services, related to an emergency medical condition that are provided after you are stable to help you maintain the stabilized condition, or, to improve or resolve your condition.

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 any emergency room. If it is a true emergency, it is covered. Please call your PCP if you need further care away from home. You do not need a prior authorization for emergency services. We do not cover services outside the United States, including Canada and Mexico.

What to do if you have an Emergency care away from home or out of state:

1. Carry your EOCCO ID card with you when you travel out of state
2. Ask if they are willing to bill EOCCO (Medicaid) and show them your EOCCO ID Card
3. Call EOCCO Customer Service and ask for advice on what to do
 - 1-888-788-9821
 - Open: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
 - TTY users, please call 711
4. Do not sign any paperwork until you know the provider will bill EOCCO

What to do if you get a bill for emergency care away from home or out of state:

1. Do not ignore medical bills
2. Contact EOCCO Customer Service as soon as possible
 - 1-888-788-9821
 - Open: Monday through Friday, 7:30 a.m. to 5:30 p.m. PST
 - TTY users, please call 711
3. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 800-520-5292 for free legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

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

EOCCO offers members crisis help and services. We will try to help you keep stable after a crisis. We also have urgent care. We will help members in crisis 24 hours a day, 7 days of the week. We have:

- Crisis Hotline-to call when a member needs help
- Mobile Crisis Team-that will come to a member who needs help
- Walk-in and drop-off Crisis Centers
- Crisis respite (short-term care)
- Short-term places to stay to get stable

Crisis services are available for members receiving Intensive In-Home Behavioral Health Treatment 24 hours a day.

If you need crisis services, please call your local crisis number right away. For local 24-hour crisis phone numbers, please check your local phone directory or search for your county mental health crisis number online. They can provide screenings and help you get the services you need. For a list of additional crisis hotlines, see pages 34-35 or go to <http://www.eocco.com/members/your-resources/behavioral-health/Crisis-help>

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!

Crisis Resources

Below are numbers you can call to talk to network providers:

County	Community Mental Health Provider	After- Hours Crisis Number	Non-Emergency
Baker	New Directions Northwest (541) 523-3646	(541) 519-7126	(541) 523-3644
Gilliam	Community Counseling Solutions (541) 384-2666	After-Hours: 911	(541) 384-2080
Grant	Community Counseling Solutions (541) 575-1466	After-Hours: 911	(541) 575-0195
Harney	Symmetry Care (541) 573-8376	(541) 573-8376	(541) 573-6156
Hood River	Mid-Columbia Center for Living (541) 386-2620	(888) 877-9147	(541) 386-2711
Lake	Lake District Wellness (541) 947-6021	(877) 456-2293 (541) 947-6021	(541) 947-2345
Malheur	Lifeways, Inc. (541) 889-9167	(541) 889-9167	(541) 473-5125
Morrow	Community Counseling Solutions Boardman Office: (541) 481-2911 Heppner Office: (541) 676-9161	After-Hours: 911	(541) 676-5317
Sherman	Mid-Columbia Center for Living (541) 296-5452	(888) 877-9147	M-F 8am - 4:30pm (541) 565-3622 After hours (541) 384-2080
Umatilla	Lifeways, Inc.	(541) 947-6021	(541) 966-3651

	Pendleton Office: (541) 276-6207 Hermiston Office: (541) 567-2536		
Union	Center for Human Development (541) 962-8800	Day - (541) 910-5557 Night - (541) 910-9253	(541) 963-1017
Wallowa	Wallowa Valley Center for Wellness (541) 426-4524	(541) 398-1175	(509) 527-1960
Wasco	Mid-Columbia Center for Living (541) 296-5452	(888) 877-9147	(541) 296-5454
Wheeler	Community Counseling Solutions (541) 763-2746	After-Hours: 911	(541) 384-2080

Below are other numbers you can call to talk to non-network providers:

Other Lines

National Suicide Prevention Life Line:

800-273-TALK (800-273-8255) or www.suicidepreventionlifeline.org

National Spanish Suicide Prevention Life Line:

888-628-9454

David Romprey Oregon Warmline:

1-800-698-2392

Drug & Alcohol Hot Line:

800-923-4357

Drug & Alcohol Text Line: text "recoverynow" to 839863

Youth Line:

877-968-8491

Youth Text Line: text "teen2teen" to 839869

Military Hot Line:

888-457-4838

Trevor Project: 800-488-7386

TransLifeline: 877-565-8860

Lines for Life: 800-273-8255 or text 839863

Not in crisis: WarmLine 800-698-2392

National Domestic Violence Hotline:
800-799-7233

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.

Medical Benefits Table

	What you need to know	Referral or Preapproval needed?
Primary care provider (PCP)	<ul style="list-style-type: none"> There are no limits to the number of visits with your PCP 	<ul style="list-style-type: none"> No referral or approval is needed to see your PCP.
Yearly checkups	<ul style="list-style-type: none"> Your doctor will provide a physical exam and discuss important topics such as healthy eating, exercise, getting caught up on shots, safe sex, and how to manage stress in a confidential setting. Other preventative screenings and topics may be discussed as well. 	<ul style="list-style-type: none"> No referral or preapproval is needed for this once per calendar year checkup.
Immunizations (shots)	<ul style="list-style-type: none"> Your PCP or any network provider can provide these. 	<ul style="list-style-type: none"> No referral or preapproval is needed.
Emergency room	<ul style="list-style-type: none"> There are no limits to the number of emergency room visits. An emergency is a condition that puts your life in danger. Call 911 or go to the emergency room when you think you are in danger. 	<ul style="list-style-type: none"> No referral or preapproval is needed.
Urgent care	<ul style="list-style-type: none"> There are no limits to the number of urgent care visits. 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. You do not need an appointment. 	<ul style="list-style-type: none"> No referral or preapproval is needed.
Specialist	<ul style="list-style-type: none"> If you need specialty care, your PCP will refer you to a specialist. A few examples of specialty services are: Physical therapy (PT), Occupational therapy (OT), and speech therapy (ST). 	<ul style="list-style-type: none"> You may need a referral before you see a specialist. You may also need preapproval.
Hospital	<ul style="list-style-type: none"> If it is not an emergency, call your PCP before you go to the hospital. 	<ul style="list-style-type: none"> No referral or preapproval is needed in an emergency. Preapproval is needed for inpatient hospital stays. Your doctor will get this approval.
Labs, tests, X-rays	<ul style="list-style-type: none"> These services are covered. 	<ul style="list-style-type: none"> You may need preapproval for

	<ul style="list-style-type: none"> • A few examples of labs and tests are blood draws, x-rays, CT scans, and MRIs. 	these types of services.
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For any questions regarding your benefits and the services listed above. Please contact EOCCO Customer Service:

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

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/your-resources/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. Any time a service or medication is denied, you will receive a denial notice from EOCCO with your appeal rights and appeal request form.

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. Please show your pharmacist your Oregon Health ID card and EOCCO ID card. The pharmacy will know where to send the bill.

Be sure to talk to your provider about your prescriptions before you go out of town. Your provider can help you refill your prescriptions before you go. They can also tell you what to do if you lose your prescriptions when you are away from home.

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 services and supplies

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 services and supplies. Covered services include:

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

Flexible services

Your provider can ask EOCCO for health related services that can help improve your health. This is also called flexible services. Some examples of services that you can get are equipment, appliances and classes. You can start the request, but your provider can help fill out the form for you.

To learn more about flexible services, please see the EOCCO Flexible Services Request Form on our website: <https://www.eocco.com/members/your-resources/member-forms>. You can also call EOCCO Customer Service if you have any questions:

- 1-888-788-9821

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

Hospital care and contracted hospitals

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. Below you will find a list of contracted hospitals.

County	Hospital	Phone Number
Baker County	St. Alphonsus Medical Center 3325 Pocahontas Rd Baker City, Oregon 97814 Website: http://www.saintalphonsus.org/location/saint-alphonsus-baker-city-emergency-department	1-877-341-2121
Gilliam County	N/A	N/A
Grant County	Blue Mountain Hospital 170 Ford Rd John Day, Oregon 97845 Website: http://www.bluemountainhospital.org	541-575-1311
Harney County	Harney District Hospital 557 W Washington St. Burns, Oregon 97720 Website: http://www.harneydh.com	541-573-7281
Lake County	Lake District Hospital 700 S J St. Lakeview, Oregon 97630 Website: http://www.lakehealthdistrict.org	541-947-2114
Malheur County	St. Alphonsus Medical Center 351 SW 9 th St. Ontario, Oregon 97914 Website: http://www.saintalphonsus.org/location/saint-alphonsus-medical-center-ontario-1	1-877-341-2121
Morrow County	Pioneer Memorial Hospital 564 E Pioneer Dr. Heppner, Oregon 97836 Website: http://www.morrowcountyhealthdistrict.org/pioneer-memorial-hospital-nursing-facility-2	1-800-737-4113
Sherman County	N/A	N/A
Umatilla County	St. Anthony Hospital 2801 St Anthony Way Pendleton, Oregon 97801 Website: http://www.sahpendleton.org	541-276-5121

	Good Shepherd Hospital 610 NW 11 th St. Hermiston, Oregon 97838 Website: http://www.gshealth.org	541-667-3400
Union County	Grande Ronde Hospital 900 Sunset Dr. La Grande, Oregon 97850 Website: http://www.grh.org	541-963-8421
Wallowa County	Wallowa Memorial Hospital 601 Medical Pkwy Enterprise, Oregon 97828 Website: http://www.wchcd.org	541-426-3111
Wasco County*	Mid-Columbia Medical Center 1700 E 19 th St. The Dalles, Oregon 97058 Website: http://www.mcmc.net	541-296-1111
Wheeler County	N/A	N/A

*Wasco County is not a part of the EOCCO service area. EOCCO members can go to Mid-Columbia Medical Center (MCMC) in The Dalles for care.

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

Using tobacco products can cause a lot of damage to your body and your health. Lung disease, heart disease, stroke and cancer are just some of the health problems that smoking and tobacco use can cause.

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

Email: careprograms@modahealth.com

1-877-277-7281

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

TTY users, please call 711

Behavioral health services

EOCCO covers behavioral health services. You can ask for help with depression and anxiety. You can get help for family problems and difficult behaviors. You and your family can ask for help in a group or alone. We offer screenings to understand how to support you. We also cover mental health assessments to find out what kind of help you need. If you need them, we cover case management and therapy services.

EOCCO covers care in a psychiatric hospital, where we will help with your care. We want to make sure all of your 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/eocco-provider-search/>

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 can choose to get behavioral health services. You do not need a referral. You may be able to see an out-of-network provider. However, you may need pre-approval to do so.

Adult behavioral health services

Choice Model Program

The Choice Model Program helps with mental illnesses that are serious and ongoing. 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. It helps people who may need a high level of care stay in their community. The program's goal is to keep people healthy and out of state hospitals. It coordinates care to help adults be independent.

Assertive Community Treatment (ACT)

ACT helps people with serious mental illness. It is a team approach. Your team will try to keep you independent where you live and connected to your community. ACT teams provide most types of treatment. It includes a range of services to meet your needs. Case management, support, and housing are some services provided. They can help with medications. Your team may also have a therapist, psychiatrist and nurse.

Care Coordination Services for Behavioral Health

We provide Care Coordination and Intensive Care Coordination for behavioral health. We will help match you with the best fit to meet your needs. A Care Coordinator will work with all of your services to help you. They also help you access and find the support you need. If you are in a care setting, a Care Coordinator will help with discharge and transition plans.

Peer Delivered Services

You can get behavioral health guidance from trained peers. Peers have had experiences like yours. They can be mentors. They can also help support

recovery. You can build relationships and practice social skills. Trained peers can help you solve problems and navigate systems. These peers can be:

- Recovery Mentors, who have lived experience with addiction and recovery.
- Peer Support Specialists, who have lived experience with behavioral health.
- Peer Wellness Specialists, who have lived experience with behavioral health.

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.

Behavioral Health Prescriptions

We don't cover all prescriptions. Most medications for behavioral health 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. For more information about prescriptions, see page 27.

Dental services

We 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

You should get an appointment within one-week for an urgent dental condition. 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 see a different dentist in the same dental plan (ODS or Advantage Dental).

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) molars only, frequency depends on the DCO you are assigned to. Contact information can be found on page 46.	Not Covered
Restorative services		
Fillings	Yes	Yes

Partial dentures	<p>Yes*</p> <p>Once every 5 years for Age 16 through 20, if you are missing 1 or more front teeth and/or 4 or more back teeth</p> <p>Once every 5 years for Pregnant members, if you are missing 1 or more front teeth and/or 6 or more back teeth</p>	<p>Yes*</p> <p>Once every 5 years, if you are missing 1 or more front teeth and/or 6 or more back teeth</p>
Complete dentures	<p>Yes* (Age 16 and older)</p> <p>Once every 10 years</p> <p>If you have a partial, a complete denture is covered only if it has been 5 years since receiving the partial</p>	<p>Yes*</p> <p>Once every 10 years</p> <p>If you have a partial, a complete denture is covered only if it has been 5 years since receiving the partial</p>
Stainless steel crowns	<p>Yes*</p> <p>Once every 5 years, for baby teeth and permanent back teeth</p>	<p>Yes*</p> <p>Once every 5 years, for baby teeth and permanent back teeth</p>
Permanent crowns	<p>Yes (Age 16 through 20 years and/or who are pregnant)</p> <p>Once every 7 years, for front teeth 6-11, 22 and 27 only. Limit 4 total teeth in 7 years.</p>	Not Covered
Oral surgery and endodontics		
Extractions	Yes*	Yes*
Root canal therapy	<p>Yes*</p> <p>For front, pre-molar, and 1st /2nd molar teeth</p>	<p>Limited*</p> <p>For front and pre-molar teeth only (no molars)</p>
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/eocco-provider-search/>

Covered services

- Pregnant adults (21 or older) may have an eye exam and new glasses (lenses and frames) every 24 months
- Children and pregnant women (20 and younger) may have an eye exam and new glasses (lenses and frames) every 12 months. Exams and glasses may be covered more often if your provider thinks it is needed
- Contact lenses are covered if you have the condition: keratoconus

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.

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 or be reimbursed to get to your appointments.

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

- Pharmacy
- Medical
- Dental
- Behavioral Health

If you qualify for repayment that may include bus pass cost and mileage.

If you need a ride, call:

Non-Emergent Medical Transportation (NEMT) Services

1-877-875-4657

Hours: Monday through Friday, 8:00AM- 5:00PM PST (9:00AM- 6:00PM Mountain Time)
TTY users, please call 711

Please call at least two days before your appointment. You or your representative may also schedule a ride 90 days in advance. If you need a same day ride, please call NEMT Services and they will try to find you a ride.

EOCCO and NEMT Services want to give you the best customer service. You may file a complaint at any time. For more information about filing a complaint please see our Complaints and Appeals section on pages 66.

NEMT Services may deny a request for a ride based on program rules. If your ride is denied, you will receive denial information over the phone. A letter will be sent to you within 72 hours of the denial. If your provider requested the ride for you and is part of the EOCCO network, they will also receive a letter. It will explain the rules and the reason for the denial.

All denials will be reviewed by a manager.

For more information on our NEMT Services and to view the Free Ride Guide, visit our website at: <https://www.eocco.com/members/your-resources/non-emergent-medical-transportation>

The Free Ride Guide is available for free in paper copy within five business days of the request. Please contact EOCCO for a paper copy:

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

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, Indian Health Service (IHS) clinics, and the Native American Rehabilitation Association of the Northwest (NARA). 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
TTY users, please call 711

Contact information for NARA:

Clinic	Specialty	Contact Info
Physical Health		
NARA Indian Health Clinic	<ul style="list-style-type: none"> Indian Health Clinic All ages 	15 N Morris St Portland, OR 97227 Phone: 503-230-9875
NARA Wellness Center	<ul style="list-style-type: none"> All ages 	12360 E. Burnside, 2nd floor Portland, OR 97233 Phone: 971-279-4800
Behavioral Health		
NARA of the NW – Youth Residential Treatment Center	<ul style="list-style-type: none"> Teens age 13 to 17 Residential Alcohol and Drug Treatment 	620 NE 2nd St. Gresham, OR 97030 Phone: 971-274-5740
NARA of the NW - Residential Treatment Center	<ul style="list-style-type: none"> Adults Age 18 to 25 Adults Age 26 to 64 Native American Pregnant & Postpartum Women 	17645 NW St. Helens Hwy. Portland, OR 97231 Phone: 503-621-1069
Please go to http://www.naranorthwest.org/ for more information and a full list of clinics.		

Non-covered services

Not all medical care is covered. When you need care, contact your PCP. 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.

If you have questions about covered or non-covered services, please contact EOCCO Customer Service at:

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

There are some services that may be non-covered as part of EOCCO, but available under OHP. Please see the “Services covered by OHA” section to learn more.

Services covered by OHA

Some services are covered only by OHA. This is true even if you are a member of EOCCO. EOCCO is not required to coordinate care for all services.

Non-covered services with care coordination are services that EOCCO will not cover, but will help with care coordination to EOCCO members who have these services covered by OHA.

EOCCO can provide NEMT services for non-covered services with care coordination. If you need a ride, call:

- Non-Emergent Medical Transportation (NEMT) Services
- 1-877-875-4657
- Hours: Monday through Friday, 8:00AM- 5:00PM PST (9:00AM- 6:00PM Mountain Time)
- TTY users, please call 711

For more information on our NEMT Services and to view the Free Ride Guide, visit our website at: <https://www.eocco.com/members/your-resources/non-emergent-medical-transportation>

Non-covered services without care coordination is care that is covered by OHA, not EOCCO. EOCCO does not provide care coordination for these services. Please see the table below for some examples of non-covered services with care coordination and without care coordination:

Non-covered services with Care Coordination	Non-covered Services without Care Coordination
Out-of-hospital birth (OOHB) services. This includes some prenatal and postpartum care.	Physician assisted suicide (Oregon Death with Dignity Act)
Some Long term services and supports.	Hospice for members in Skilled Nursing Facilities
Helping members get certain behavioral health services such as: <ul style="list-style-type: none"> a. Certain drugs for some behavioral health conditions b. Therapeutic group home repayment for members under 21 years old c. Long term psychiatric care for members age 18 and over d. Personal care in adult foster homes for members age 18 and over 	Health services provided in schools
	Abuse investigation
	Services give to Citizen/Alien Waived Emergency Medical recipients (CAWEM) or CAWEM Plus-CHIP Prenatal coverage for CAWEM
	Abortions and related service

For more information or a full list about non-covered services with care coordination, please contact 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 can also 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

For more information about non-covered services without care coordination, call the KEPRO Care Coordination team at (800) 562-4620.

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 or OHP Customer Service. Your DHS worker will make sure you do not lose medical coverage. If you don't have a DHS worker, call OHP Customer Service at 1-800-699-9075. TTY users, please call 711.

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 Customer Service 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.

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

OTHER IMPORTANT INFORMATION

Changes to your address or phone number

If you move or change your phone number, it is important that OHP knows of this change. Please contact OHP about this change, not EOCCO. 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 your changes by **secure email** to
Oregon.Benefits@dhsosha.state.or.us
2. In the subject line, write “address change” and the date of the change
3. In your email, please add:
 - a. Full name
 - b. Date of birth
 - c. Oregon Health ID number
 - d. Phone number

If you do not use a secure email, your information may not be protected.

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.

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. Please contact us if there is anyone you do not want to see your records.

Mailing Address:
EOCCO Privacy Department
601 SW 2nd Ave
Portland, OR 97204

Email: compliance@eocco.com

Call: 855-425-4192

Fraud, waste and abuse

EOCCO is committed to preventing fraud, waste and abuse. Fraud, waste and abuse affects all of us and increases the cost of health care.

- **Fraud** is when someone knows they are doing something dishonest to make more money. This could be a doctor billing for a service that someone didn't get. It could also be someone using another person's ID to get OHP benefits.
- **Waste** might include buying medical supplies or equipment that they do not need
- **Abuse** is something that results in an unneeded cost, like billing for services that are not needed.

Please tell EOCCO if you see or know about any fraud, waste or abuse happening. The law protects people that report fraud, waste and abuse. You cannot lose your job or lose your coverage or be treated unfairly for reporting fraud, waste or abuse.

Here is how you can report fraud, waste and abuse:

- Call the EOCCO Fraud Hotline at 855-801-2991. You do not need to tell us who you are.
- To report provider fraud:

Medicaid Fraud Control Unit (MFCU)
Oregon Department of Justice
100 SW Market Street
Portland, OR 97201
Phone: 971-673-1880
Fax: 971-673-1890

OHA Office of Program Integrity (OPI)
3406 Cherry Avenue N.E.
Salem, OR 97303-4924
Hotline: 1-888-FRAUD01 (888-372-8301)
Fax: 503-378-2577
<https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>

- To report member fraud:
DHS Investigations Unit
P.O. Box 14150
Salem, OR 97309
Hotline: 1-888-FRAUD01 (888-372-8301)
Fax: 503-373-1525 Attn: Hotline
<https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>

Dual-eligible members (Medicaid and Medicare)

Some Medicaid (EOCCO) members might be eligible for Medicare benefits. When a member is eligible to have Medicaid (EOCCO) and Medicare, they are called Full Benefit Dual Eligible (FBDE). EOCCO will work with your Medicare plan to coordinate your benefits to help you get the best care possible. You might have to pay a deductible and copay if you see a provider outside of our network. Some of the things EOCCO Customer Service can give you more information on:

- Coordinating benefits
- Services that are covered
- Services that are not covered
- Medicare plans in your area

You may also qualify for premium payment assistance programs. These programs help lower the cost of your Medicare premium (monthly payment). Contact EOCCO Customer Service. We're here to guide you and answer any questions you might have about your health plans and benefits.

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

The local Aging and People with Disabilities (APD) office can also help you learn more about your benefits and how to use your Medicaid and Medicare plan together:

Aging and Disability Resource Connection
1-855-673-2372

<https://www.adrcoforegon.org/consumersite/index.php>

Leaving managed care

OHA wants you to get your health care from a CCO. At EOCCO, we want to make sure you receive the best possible care. EOCCO can provide and cover some services that FFS or Open Card cannot. Please call EOCCO customer service if you have any questions or need help:

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

You can also call OHP Client Services for help: 1-800-273-0557.

American Indians and Alaska Natives can change plans at any time. People who have Medicare can also ask to change plans at any time, they must maintain dental and mental health coverage with a CCO. You can request to be moved from CCO to Open Card enrollment. Talk to your provider or caseworker about the best choice for you.

You can call and ask about options by phone or in writing, please contact OHP Client Services at 1-800-273-0557 or 800-699-9075.

How to change

If you want to leave EOCCO, call:

OHP Customer Service

1-800-699-9075

Hours: Monday through Friday, 7:00 a.m. to 6p.m. PST

TTY users, please call 711

There are several chances for you to change. Another CCO has to be available in your area unless you have an OHP-approved medical reason for Open Card enrollment;

- 1) If you are new to the Oregon Health Plan, during the first 90 days after you enroll;
- 2) If you have been on OHP before, during the first 30 days after you enroll in a CCO;
- 3) When you renew your OHP coverage (usually once each year);
- 4) If you have been enrolled for 6 months in your CCO, you can request a change in CCO.
- 5) For any other reason, one time each year.
- 6) If you move to a place that your CCO doesn't serve, as soon as you can, tell OHP Customer Service about the move; at 1-800-699-9075.

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, such as letting someone else use your health care, 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, family members or representative 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.hclc@state.or.us

You can find complaint intake forms and additional information at:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Pages/complaint.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:

https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.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
Phone: 971-673-0540; TTY: 971-673-0372

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 reasonable 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. EOCCO members will not be treated differently for exercising these rights. EOCCO members 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. EOCCO will not treat you differently based on your choices.
- 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
- Have an OHP Ombudsperson (patient advocates)
- Receive rights in plain language narrative and other formats (video or audio)
- 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
- Get 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, at no charge to the member
- Request one's own clinical record be amended or corrected by mailing a request with supporting documentation to EOCCO. Please see page 3 for mailing address.
- 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
- Get a referral to a specialist from the PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed
 - Self-refer means that you can seek care or service without approval from your PCP. You may self-refer for Traditional Health Worker services, in-network Behavioral Health Services, health risk screening for Intensive Care Coordination services, sexual abuse exams, and covered family planning services
- 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 get 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 member ID card to the provider
- 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
- If EOCCO becomes aware that a provider was paid by a third-party carrier then EOCCO will ask the provider for a refund. We will ask the provider for a refund once we have made sure that the provider got a payment from another third-party carrier. Examples of a third-party carrier may be motor-vehicle accident insurance or workers comp.
- Bring issues or complaints to the attention of EOCCO

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."

INFORMATION AVAILABLE UPON REQUEST

All information will be given to you within 5 business days of the request by mail. You can also ask to have the information emailed to you.

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. EOCCO Physicians do not get bonuses for limiting referrals.

If you have questions, 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 their office.

COMPLAINTS AND APPEALS

If you are not happy with the care from your provider, you can file a complaint at any time with OHA or EOCCO. You can also file a complaint at any time 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. If you make a complaint, file an appeal or ask for an administrative hearing EOCCO will not treat you differently.

If you need help with a complaint or an appeal, we will help you. We will also help you with a request for a hearing. Your caseworker can help you as well. We can also help you fill out forms. You may ask us for help by calling EOCCO Customer Service at

- 1-888-788-9821
- Hours:

Free legal help is also available. 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 a hearing:

Complaint

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

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

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

2. We will tell you in writing within five working days that we received your complaint. We will either provide our decision at that time or explain the delay.
3. We will complete the review and respond in writing to your complaint within 30 calendar days of receiving it. All information about your complaint is private.

If you are not happy with the response to your complaint or you do not want to file a complaint with EOCCO 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 complaint to the Oregon Health Plan at any time 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

Your provider can also file a complaint on your behalf. If your provider files an appeal on your behalf, they can also file a hearing. You need to give your provider permission in writing to do this. Please talk to your provider to see if this option is right for you.

Appeal

1. To file an 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 letter . 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: Monday – Friday 7:30
a.m.to 5:30 p.m. PST
TDD/TTY: 711
Fax: 1-503-412-4003

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.

1. We will tell you we received your appeal within five working days.
2. We will complete the review and respond to your appeal within 16 days. If EOCCO cannot resolve your appeal within 16 days, you will receive another letter explaining the delay. Your appeal will be resolved within 30 days of receipt.
3. You may ask for more time for your appeal if you want to send more evidence.
4. If EOCCO does not resolve your appeal in time, you may file a contested case hearing. Your provider can also file a contested case hearing on your behalf.
5. If you believe your problem is an emergency and cannot wait for a review, ask EOCCO for an expedited or “rush” appeal. If EOCCO/ agrees that your appeal is an emergency, we will respond to your request within 72 hours. You can ask for an expedited or “rush” appeal by:
 - Checking box #9 on the appeal and hearing form
 - Calling 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 by adding in your written request that you want a “rush” review
6. You have the right to continue services during the appeal process. If the denial is upheld then you will have to pay for those services.
 - To ask for continued services, you need to fill out the Appeal and Hearing request form or OHA case hearing request form and **check the box for continued benefits**. This needs to be done within 10 days of the Notice of Adverse Benefit Determination (NOABD) or Notice of Appeal Resolution (NOAR) date.

7. 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.

Hearing

You can request a hearing after completing an appeal with EOCCO for any denied services or drugs. If your provider filed an appeal on your behalf, they may also file a hearing on your behalf. After completing the appeal, you will get a Notice of Appeal Resolution (NOAR) letter which will include a hearing request form. For more information, call EOCCO, OHP Client Services or your OHP caseworker. Make sure to call within 120 days of the NOAR. 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 a hearing form. You should receive this form with your NOAR 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 hearing form and return in to The Oregon Health Authority Hearings Unit. The address is listed on the form. You can also give it to your OHP caseworker. Make sure to do this within 120 days from the date of the denial.

The Oregon Health Authority Hearings Unit

Address: 500 Summer St. NE E-49

Salem, Oregon 97301-1077

Fax Number: 503-945-6035

You have the right to continue services during the hearing process. If the appeal denial is upheld then you will have 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
- Pregnancy
- Disability
- Gender identity
- Marital status
- English language proficiency
- National origin
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right use services and have access to buildings. EOCCO provides equal access for both males and females under 18 years of age to appropriate facilities They also have the right to get information in a way they understand. We will make changes by talking with you about your needs.

EOCCO does not deny access to services based on moral or religious beliefs.

To report concerns, 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 can also file a complaint using the form found here:

https://www.eocco.com/members/your-resources/-/media/EOCCO/PDFs/complaint_form.pdf

Nick Gross coordinates our nondiscrimination work:

Nick Gross

Chief Compliance Officer

601 SW Second Avenue

Portland, OR 97204

50-952-5033

Compliance@eocco.com

You also have a right to file a civil rights complaint with the U.S. Office for Civil Rights, the Oregon Health Authority or the Oregon Bureau of Labor and Industries (BOLI). Contact them in one of these ways:

U.S. Department of Health and Human Services Office for Civil Rights Mail:
Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg.,
Washington, DC 20201
Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Email: OCRComplaint@hhs.gov

Oregon Health Authority (OHA) Civil Rights

Office of Equity and Inclusion
421 SW Oak Street, Suite 750
Portland OR 97204
844-882-7889, 711 TTY
Email: OHA.PublicCivilRights@state.or.us
Web: www.oregon.gov/OHA/OEI

Bureau of Labor and Industries Civil Rights Division

800 NE Oregon St.
Suite 1045
Portland, Oregon 97232
971-673-0761
Email: crdemail@boli.state.or.us
help@boli.state.or.us

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

Nondiscrimination notice



We follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

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

- Sign language interpreters
- Spoken language interpreters for other languages
- Written material in other languages
- Braille
- Large print
- Audio and other formats

If you need any of the above, call Customer Service at:

888-788-9821 (TDD/TTY 711)

If you think we did not offer these services or treated you unfairly, you can file a written complaint. Please mail or fax it to:

EOCCO
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Nick Gross coordinates our nondiscrimination work:

Nick Gross,
Chief Compliance Office
601 SW Second Ave.
Portland, OR 97204
503-952-5033
compliance@eooco.com

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.



eocco
EASTERN OREGON
COORDINATED CARE
ORGANIZATION

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意: 如果您說中文, 可得到免費語言幫助服務。請致電1-877-605-3229 (聾啞人專用: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو لانی (URDU) توجہ دیں: اگر آپ اردو امانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意: 日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: နှို တမံ (ဗမာစာ နှို ဗမာ အလို ရှိသူ) ဝါဝါ ဗို တံ တံ ဗမာမာ တမာ မာ ခါ ခါ မူ ဗို ဗမာ ဗမာ ဗို. 1-877-605-3229 (TTY: 711) ပာ နှို နှို

ໄປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

eocco.com

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601 SW Second Avenue
Portland, Oregon 97204-3156

503-765-3521 or 888-788-9821

Visit our website: www.eocco.com

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