

WELCOME

Eastern Oregon Coordinated Care Organization (EOCCO) is happy to help with your healthcare. EOCCO and our providers want to give you the best care we can.

It is important to know how to use your plan.

This handbook gives a summary of EOCCO. It also explains Coordinated Care Organizations.

Read your Greater Oregon Behavioral Health, Inc. (GOBHI) and ODS member handbooks. They tell you more about your plan and providers. They also explain your benefits. You will learn how to get care and best use of your plan. These handbooks include the Provider Directory. This shows providers, hospitals and pharmacies.

You can find your GOBHI handbook and provider list at www.gobhi.org. If you want a copy mailed to you, call GOBHI at 1-800-493-0040 (toll-free). (TDD/TTY users dial 711.)

You can find your ODS handbook and provider list at www.odskompanies.com/ohp. If you want a copy mailed to you, call ODS at 1-888-788-9821 (toll-free). (TDD/TTY users dial 711.) Or email us at ohpmedical@odskompanies.com.

If you have questions about your Behavioral Health benefits, call GOBHI:

1-800-493-0040 (toll-free)
711 (TDD/TTY for hearing- and speech-impaired)

GOBHI is in The Dalles at 309 E Second St. It is open 8 a.m. to 5 p.m., Monday through Friday. Access is available for those with disabilities. You can also visit www.gobhi.org.

If you have questions about your medical benefits, call ODS Medical Customer Service:

1-888-788-9821 (toll-free)
711 (TDD/TTY for hearing- and speech-impaired)

If you have questions about your pharmacy benefits, call ODS Pharmacy Customer Service:

1-888-474-8539 (toll-free)
711(TDD/TTY for hearing- and speech-impaired)

If you need help getting chemical dependency (drug or alcohol) treatment, call ODS Behavioral Health:

1-888-474-8538 (toll-free)
711(TDD/TTY for hearing- and speech-impaired)

ODS is in Portland at 601 SW Second Ave., Suite 700. ODS is open 7:30 a.m. to 5:30 p.m., Monday through Friday. Access is available for those with disabilities.

You can visit www.odscompanies.com/ohp. Or email us at OHPMedical@odscompanies.com.

Other formats

You can get this handbook and other information in other formats. You can ask for another language, large print, a computer disk, an audio tape, a spoken presentation or Braille.

Call ODS at 1-888-788-9821 (TDD/TTY 711) to ask for the format you need.

Otros formatos

Que pueden recibir este manual del miembro Oregon Salud Plan o imprime material informativo en otras formas, tales como otro idioma, grande, disco, cinta de audio, presentación oral o Braille.

Por favor llame a nuestro departamento de servicio al cliente al 1-888-788-9821 (TDD/TTY 711) para solicitar el formato necesita.

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INTRODUCTION AND FREQUENTLY ASKED QUESTIONS:

What is the Oregon Health Plan (OHP)?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians' health care. The State of Oregon and the US Government's Medicaid program pay for it. It covers different groups of services, called *benefit packages*:

- OHP Plus is for pregnant women, children 18 years old and under, and people with disabilities of any age. It covers doctor visits, prescriptions, hospital stays, dental care, mental health services, and help with addiction to cigarettes, alcohol and drugs. OHP Plus can provide glasses, hearing aids, medical equipment, home health care, and transportation to health care appointments.
- OHP Standard is for Oregon residents who are older than 18. It covers doctor visits, prescriptions, emergencies, mental health services, and help with addiction to cigarettes, alcohol and drugs. Some people who have OHP Standard pay a monthly charge, called a premium, for it.
- There are other benefit packages. An OHA or DHS caseworker can tell you which benefits you have.

OHP does not cover everything. A list of the 498 diseases and conditions that are covered, called the Prioritized List of Health Services, is on the web at <http://cms.oregon.gov/oha/ohpr/pages/herc/current-prioritized-list.aspx>. The diseases and conditions below line 498 usually are not covered by OHP. Something that is "below the line" could be covered if the patient has an above-the-line condition that could get better if their below-the-line condition gets treated.

What is a Coordinated Care Organization (CCO)?

Eastern Oregon Coordinated Care Organization (EOCCO) is a Coordinated Care Organization (CCO). We are a group of all types of health care providers who work together for people on OHP in our community. The providers in our CCO are:

- Greater Oregon Behavioral Health, Inc.: GOBHI will help provide your behavioral healthcare and services.

- ODS Community Health, Inc.: ODS will help provide your medical and chemical addiction treatment, care and services.

GOBHI and ODS work with clinics, doctors, nurses and hospitals to supply your care. EOCCO offers care in these counties on September 1, 2012:

- Baker
- Malheur
- Union
- Sherman
- Wallowa

EOCCO plans to offer care in these counties on November 1, 2012

- Gilliam
- Grant
- Harney
- Lake
- Morrow
- Umatilla
- Wheeler

EOCCO works with providers to arrange your care. We work to give you the best care we can. Our staff may contact you to help set up your care. We may contact you after an appointment to help you understand your care plan. We may call to remind you about appointments. We may ask how we can help you get healthier. When you see more than one provider, we will help set up your care. We will suggest you see your provider for routine care.

Intensive Care Coordination Services

Intensive Care Coordination Services (ICCS), formerly Exceptional Needs Care Coordination (ENCC), is for people with complex medical or special needs. It helps members who are aged, blind or have disabilities, and children with special needs. Members who need special medical supplies or equipment or who will need support in getting care may ask for help from our ICCS team. Please call our Customer Service Department for help from the ODS ICCS team.

What is a Patient-centered Primary Care Home (PCPCH)?

We want you to get the best care possible. One way we try to do that is ask our providers to be recognized by the Oregon Health Authority as a Patient-

centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely, and make sure all their medical and mental health needs are met. You can ask at your clinic or provider's office if it is a PCPCH.

What are managed care and fee-for-service?

CCOs are a type of managed care. Another type is Dental Care Organizations (DCOs). 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 this care. In some parts of Oregon, most OHP members must get managed medical and dental care.

Health services for OHP members not in managed care are paid by OHA, called fee-for-service (FFS). Native Americans and Alaska natives on OHP can choose to receive managed care or FFS. Any OHP member who has a good reason to receive FFS medical care can ask to leave managed care. Talk to your case worker about the best way to receive your medical care.

What if I receive a bill for covered services?

If your health care provider sends you a bill, don't pay it. Please call our Customer Service at 1-888-788-9821 (TTY: 711) right away.

INTERPRETER SERVICES

If you are hearing or sight impaired or need help understanding or speaking English, your provider will arrange for an interpreter for you. You may also call our Customer Service Department to get a translation or an interpreter.

Your PCP's office can get an interpreter after business hours if you need one for an urgent or emergency call.

PROVIDER APPEAL RIGHTS

Your provider may appeal a decision by EOCCO to deny a service that was requested for you. Providers can call Customer Service at 1-888-788-9821 to request the appeal. Providers may also help you to 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 medical provider or service from EOCCO, you can file a **complaint**. If you receive a denial and you do not agree with the decision, you can file an **appeal** or request an **administrative hearing**. A denial is a decision to not pay or stop paying for a service.

If you need help with a complaint, an appeal or an administrative hearing request, EOCCO or your caseworker can help you. 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 711, for advice and possible representation. Legal Aid information can also be found at www.oregonlawhelp.org

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

TDD/TTY: 711

2. EOCCO will get back to you in five working days to let you know that we have received your complaint, provide our decision or explain the delay.
3. EOCCO will respond to your complaint within 30 calendar days of receiving it. You may need to give EOCCO permission to request your medical records. All information about your complaint is handled confidentially.

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

Department of Human Services Ombudsman's Office
500 Summer St. N.E., E17 Governor's Advocacy
Salem, OR 97310-1097

Telephone: 1-800-442-5238
TTY: 503-945-6214

Appeal

1. To file an appeal, call EOCCO Customer Service within 45 days of the date of the denial. To file your appeal in writing, request an EOCCO appeal form. You should receive this form with your denial. Call or write:

EOCCO
Attn: Appeal Unit
601 S.W. Second Ave.
Portland, OR 97204

Telephone: 1-888-788-9821

TDD/TTY: 711

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

2. EOCCO will get back to you in five calendar days to let you know that we received your appeal and provide our decision. If we need more than 5 days we will explain why.
3. EOCCO will complete the review and respond to your appeal within 16 calendar days. If EOCCO cannot resolve your complaint within 16 calendar days, you will receive another letter explaining the delay. Your complaint will be resolved within 14 calendar days from the date the original 16 calendar days ended.
4. 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, EOCCO will respond to your request within three working days.
5. You may need to give EOCCO your consent to investigate the appeal and to request your medical records. All information about your appeal is handled confidentially.
6. You can ask for an administrative hearing while your appeal is in progress, or if you do not agree with the response to your appeal. Like an appeal, you must ask for it within 45 days of receiving our denial.

7. You have the right to continue services during the appeal process, but you will be responsible for payment of those services if the denial is upheld.
8. You have the right to have someone file an appeal and speak for you. Please give us in writing the name of the person who will represent you.

Administrative hearing

To request an administrative hearing, call EOCCO or your DHS worker within 45 days of the date of the denial.

1. To contact EOCCO, call 1-888-788-9821, [TDD/TTY: 711](#) and request a Notice of Hearing Rights instruction form (DMAP 3030) and an Administrative Hearing Request form (DHS 443). You should receive these forms with your denial letter.
2. Read the Notice of Hearing Rights instruction form (DMAP 3030) completely. The instructions provide important information such as how to request an expedited or “rush” hearing and how to continue services during the hearing process.
3. Complete the Administrative Hearing Request form (DHS 443) and return it to DMAP, your DHS worker or the nearest Department of Human Services office within 45 days from the date of the denial.
4. You have the right to continue services during the administrative hearing process, but you will be responsible for payment of those services if the denial is upheld.

MEMBER DISENROLLMENT REQUEST

OHP members may ask to leave a managed care plan without cause in the first 30 days of enrollment as long as another plan is available. The head of household may ask for disenrollment by phone or in writing. Disenrollment will take effect on the first of the month following DMAP approval. A member may also choose to disenroll from the managed care plan whenever the member's eligibility is redetermined by DHS. If you are new to OHP, you may ask to change plans during your first 90 days in your first plan. A member may ask to change plans anytime if they have good cause.

American Indians, Alaska natives and people who have Medicare too can change plans or go on OHP fee-for-service (open card) anytime. Talk to your provider or caseworker about the best choice for you.

PLAN DISENROLLMENT REQUEST

EOCCO could ask OHA to take you from our plan for these reasons:

- Losing your eligibility through the Oregon Health Plan
- Moving out of the EOCCO service area
- Committing fraudulent or illegal acts
- Being abusive to staff or property