



OREGON HEALTH PLAN

Member Handbook

October 2011

- Baker County and surrounding areas
- Clatsop County and surrounding areas
- Columbia County and surrounding areas
- Jackson County and surrounding areas
- Malheur County and surrounding areas
- Union County and surrounding areas
- Wallowa County and surrounding areas
- Yamhill County and surrounding areas

Visit us online

www.odscompanies.com/ohp

WELCOME

We are pleased you have selected ODS as your Oregon Health Plan (OHP) managed healthcare plan. ODS and our providers want to give you the best possible care.

It is important you know how to use your medical plan. This handbook talks about our program, tells you how to get medical care and gives you tips on getting the most out of your medical plan.

This handbook also gives you important information about the two health plans available through the OHP: Plus and Standard. To find out which plan you have, please contact ODS Medical Customer Service.

You may request the Oregon Health Plan Client Handbook from the State of Oregon by calling 1-800-273-0557, TTY 711. It gives you important information about:

- Covered and non-covered medical services
- Mental Health Plan information
- Your rights and responsibilities
- And other important information

For a complete list of ODS participating physicians, hospitals and pharmacies, see the Provider Directory located in the back of this handbook.

If you have questions about ODS, selecting your primary care provider (PCP) or any other information in this handbook, please contact ODS Medical Customer Service:

In Portland:	503-765-3521
Outside of Portland:	1-888-788-9821 (toll-free)
TTY:	711(For hearing- and speech-impaired)

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

In Portland:	503-265-2939
Outside of Portland:	1-888-474-8539 (toll-free)

TTY: 711(For hearing- and speech-impaired)

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

In Portland: 503-265-2938
Outside of Portland: 1-888-474-8538 (toll-free)
TTY: 711(For hearing- and speech-impaired)

ODS Medical Customer Service is located in downtown Portland at 601 S.W. Second Ave., Suite 700, and is open from 7:30 a.m. to 5:30 p.m. Pacific Time, Monday through Friday. Physical access is available for members with disabilities.

You also can visit our website at www.odscompanies.com/ohp or e-mail us at OHPMedical@odscompanies.com.

Alternative Formats

You can receive this Oregon Health Plan Member Handbook and any information in other forms. You can ask for another language, large print, computer disk, audio tape, spoken presentation or Braille.

Please call our Customer Service Department at 1-888-788-9821 (TTY 711) and 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 (TTY 711) para solicitar el formato necesita.

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New members

If you need medical care before you receive your ID card, your covered services will be paid. These services may include prescriptions, supplies and other items you need. Please call our customer service department at 1-888-788-9821 (TTY 711) and we will help you find a provider and get the care you need.

HOW YOUR PLAN WORKS

Your ODS plan is a managed care plan. As a member of ODS, you choose or are assigned a clinic or doctor's office as your primary care provider (PCP). Your PCP will work with you as a partner to take care of your medical needs. Your PCP will provide access for you to medical care 24 hours a day, seven days a week. Call your PCP before you get medical care. See the Provider Directory for your PCP's telephone number or call our Customer Service Department.

Your PCP will:

- Provide all of your routine care and look after all your healthcare needs
- Arrange for specialty or hospital care when needed
- Write prescriptions
- Keep your medical records in one place to give you better service

Do not wait until you are sick to call your PCP. Call your PCP's office and let them know you are an ODS member and have selected them as your PCP. Ask about office hours and how to get help after hours or when you have an emergency.

Department of Human Services (DHS) Medical Care ID card

The Division of Medical Assistance Programs (DMAP) will send you a Medical Care Identification (ID) card when you first enroll into OHP. Each OHP member in your household will receive their own ID card. Take your DHS Medical Care ID card with you when you go for medical care and to the pharmacy. If you lose your DHS Medical Care ID card, contact your DHS worker or Client Services at 1-800-273-0557 to get a new one.

DMAP also sends you an important coverage letter. It has your case worker's ID and phone number, your OHP benefit package, your copays (if any) and which managed care plans you have. The coverage letter shows

information for everyone in your household who has a DHS Medical Care ID card.

ODS medical ID card

Each member of ODS also gets an ODS medical ID card. This card is very important because it identifies you as an ODS member and has other important information. It lists your PCP, what to do in an emergency and the ODS Medical Customer Service phone numbers. Be sure to show your ODS medical ID card and DHS Medical Care ID card each time you go to the doctor or pharmacy.

PCP not selected

If your ODS medical ID card shows you have not selected a PCP, you have 30 days to choose one. Please choose a PCP from the Provider Directory in the back of this book. As soon as you choose your PCP, please call our Customer Service Department and tell us who it is. Your new PCP selection will be effective the first day of the month or the first day of enrollment in which the PCP selection was made. You will get a new ODS medical ID card in the mail that will list your chosen PCP.

If you do not select a PCP within 30 days, one will be selected for you. Call our Customer Service Department if you need assistance selecting a provider.

Your PCP assignment

If you are assigned a clinic or doctor's office as your PCP, the assignment is based on where you live. You will get an ODS medical ID card in the mail that will list your assigned PCP.

If you wish to choose your own PCP, you have 30 days to choose one from the Provider Directory located in the back of this book. Call our Customer Service Department and let us know you have chosen a new PCP. Your new PCP selection will be effective the first day of the month or the first day of enrollment in which your PCP change was made. You will get a new ODS medical ID card in the mail that will list your chosen PCP.

Changing your PCP

If you would like to change your PCP, you may do so during the first 30 days of your enrollment. You also can change your PCP up to two times every six months.

To choose a new PCP, use the Provider Directory located in the back of this book. Once you have chosen your PCP, call our Customer Service Department and tell us your selection. You will get a new ID card in the mail that will list your chosen PCP. Your new PCP selection will be effective the first day of the month or the first day of enrollment in which your selection was made. Be sure to have each eligible member of your family choose a PCP. Each person can have a different provider.

GETTING CARE

How to make a doctor's appointment

- Call your PCP's office during office hours (normally 9 a.m. to 5 p.m.). If you need your PCP's phone number, check the Provider Directory or call our Customer Service Department.
- Tell the office you are an ODS member, and tell them why you would like to see a provider.
- If possible, give the PCP office a telephone number where you can be reached.
- Remember to take your DHS Medical Care ID card and ODS medical ID card with you when you go to your appointment.
- If you need language or sign language interpretation, tell the clinic staff. They can arrange to have an interpreter at your appointment.
- If you need help getting to your appointment, call your DHS worker in advance. Your DHS worker may be able to help you get transportation to your appointment.

If you cannot keep your appointment

- Call the PCP's office as soon as you can and let them know you cannot keep your appointment. The office will reschedule your appointment and make the cancelled time available for someone else.
- If you miss too many appointments, your PCP may dismiss you as a patient.

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.

Seeing a specialist or other provider

If you need to see a specialist or provider other than your PCP, you must see your PCP first for most services. Your PCP will decide whether you should see another provider. If you need to see another provider, your PCP will write a referral. ODS must approve the referral before you can go to your appointment.

Services that do not require a referral

Some services do not require a referral, and you can see any contracted provider. Below are examples of services that do not require a referral:

- Urgent and emergency care
- Family planning
- Routine vision exam
- Prenatal care
- Immunizations (shots)
- Outpatient services for drug or alcohol problems
- Women's annual gynecological exams
- Routine laboratory and radiology services

Services that require prior approval

Your PCP will contact ODS to request a prior authorization. Below are examples of services that require prior authorization.

- In-patient hospital stays
- Surgeries
- Medical equipment
- All specialist services

After-hours medical care

If you need medical attention or advice when your PCP's office is closed, call the PCP clinic phone number. Say that you are an ODS member. You will get advice or a referral for care.

After-hours calls to your PCP should be for urgent medical conditions only. For routine advice and appointments, call your PCP's office during business hours.

Urgent medical care

An urgent medical condition is serious enough to be treated right away but does not require emergency room care. If you have an urgent medical problem, call your PCP's office. You can call anytime, day or night. Identify yourself as an ODS member. You will be given advice or a referral for care.

Emergency care

An emergency is an injury or sudden illness that you believe may put your life in serious jeopardy or cause bodily harm if left untreated. If you are pregnant, emergency services also include your unborn baby's health. Below are examples of emergencies:

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

If you have an emergency, call 9-1-1 or go to the emergency room.

- Emergency care is covered 24 hours a day, seven days a week.
- Emergency care includes services needed to maintain and stabilize your condition.
- No referral or authorization is required for emergency care.

Please call your PCP or our Customer Service Department within 3 days of receiving emergency care.

After your emergency condition is stabilized, you may need follow-up care. Follow-up care includes services needed after you are discharged from the emergency room. Follow-up care is not an emergency. You should call your PCP's office to make arrangements if follow-up care is needed.

Do not go to the emergency room for care that should take place in your PCP's office. Below are examples of nonemergency routine care:

- Sore throat
- Cold
- Flu

- Back pain
- Tension headache

If you are not sure if your condition is serious enough to go to an emergency room, call your PCP's office. Someone is available to give you advice 24 hours a day, seven days a week. Speak to the provider on call, even if he or she is not your usual provider.

Emergency care when you are away from home

If you travel outside the ODS service area and have an emergency, go to the nearest emergency room or call 9-1-1. Emergency services are only covered as long as the emergency exists. Please call your PCP to arrange for further care if it is needed while you are out of the area.

Health and prevention education

ODS sends *To Your Health* newsletters. This newsletter covers health problems, benefit information and how to best use your managed care plan.

ODS offers classes to help you get ready for childbirth. We also have diabetes education classes for members. Please call our Customer Service Department to find out how your education benefits work and where you can take these classes.

Exceptional Needs Care Coordination

Exceptional Needs Care Coordination (ENCC) is for those who have complex medical or special needs. ENCC helps with healthcare services for members who are aged, blind or have disabilities, and for 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 ENCC team. Please call our Customer Service Department for help from the ODS ENCC team.

PLAN BENEFITS AND SERVICES

Please see the Oregon Health Plan Client Handbook for more information on the Oregon Health Plan that may not be included in this handbook. Some services may be covered by DMAP that are not covered by ODS.

OHP Plus coverage

The OHP Plus Plan covers a full range of services, including preventive and routine care, chemical dependency and much more. The following services are covered under the Plus Plan.

Preventive care

Your PCP will provide general medical care and preventive care. Preventive care includes checkups and any tests to find out what is wrong. Be sure to discuss the recommended schedule for checkups with your provider. Other preventive services include:

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

Specialty care

If you need specialty care, your PCP will refer you to a specialist. Before you seek the care of a specialist, you must see your PCP for a referral.

Lab tests, X-rays and other procedures

Labs, X-rays and other tests are covered when ordered by your PCP or an authorized specialist.

Prescription medications

Prescriptions can be filled at any ODS Network pharmacy. Information on ODS participating pharmacies is in the Provider Directory. Be sure to show both your ODS medical ID card and DHS Medical Care ID card when filling a prescription. Some medications require both cards in order to process the prescription. You may not be able to get a prescription filled without them.

Some medications are only covered with prior approval. Your provider will contact ODS to get prior approval if it is needed. Some over-the-counter items are covered with a written prescription from your provider. Please call the ODS Pharmacy Department at 1-888-474-8539 if you have any questions about your pharmacy benefits.

Prescription coverage for members on Medicare

OHP is not the primary plan for prescription drug coverage for members also enrolled in Medicare. Instead, a federal program called Medicare prescription drug coverage will cover most of your prescription drugs. This drug benefit is Part D of your Medicare coverage. Medicare requires copayments for Part D drug coverage. Most Part D plans will charge you a copayment for your prescription drugs. These copayments can range from \$0 to \$6.30 per prescription. ODS will not pay for any portion of your Part D copayments. If you have Medicare Part D, show the ID card provided by your Part D plan to the pharmacy in addition to your ODS medical ID card. The pharmacy is required to bill your Part D plan first; ODS will not pay for drugs covered by your Part D plan. If your medication is not covered by your Part D plan, ODS can then be billed to determine if the medication is covered under the OHP program. ODS will continue to pay for all other covered health services.

Family planning

For family planning services, you may see your PCP, any ODS provider, the county health department, a family planning clinic or any provider who will take your DHS Medical Care ID card. You do not need a referral from your PCP for family planning services. Covered family planning services include:

- Physical exams
- Lab and X-ray services
- Contraceptive education
- Contraceptive supplies
- Sterilization services

Hospital care

If you need hospital care, your PCP will get approval for a hospital stay. Except in emergencies, call your PCP before you go to the hospital.

Chemical dependency treatment

You may receive chemical dependency treatment without a referral from your PCP. See the Provider Directory for a list of chemical dependency providers. If you need help finding a provider, call your PCP or our Customer Service Department. Chemical dependency treatment includes:

- Counseling office visits
- Synthetic opiate treatment and methadone treatment
- Detoxification services

Smoking and Tobacco cessation services

- Help to stop smoking and using tobacco (tobacco cessation) is covered for ODS members. Coverage includes counseling, nicotine patches and prescriptions commonly used for tobacco cessation.
- ODS will pay for 10 sessions every three months for intensive tobacco cessation treatment and counseling.
- You do not need a referral for tobacco cessation treatment and counseling.

Oregon Tobacco Quit Line

The Oregon Tobacco Quit Line is a free telephone service available to all Oregon residents who want to stop using tobacco. The Quit Line offers free quitting information, one-on-one telephone counseling and referrals.

For more information about the Oregon Tobacco Quit line, visit www.oregonquitline.org, or call:

1-800-784-8669

1-877-266-3863 (Spanish)

711 (TTY)

Mental health

Mental health services are provided by a mental health organization (MHO) in your area. To find out the name and phone number of your MHO, look on page 2 of your coverage letter or call your DHS worker.

Dental services

Dental health services are provided by a dental care organization (DCO) in your area. To find out the name and phone number of your DCO, look on page 2 of your coverage letter or call your DHS worker.

Vision services

Routine vision screenings and glasses are only covered for clients who are pregnant or younger than 21 years of age. For routine vision care, you can go directly to any vision provider listed in the Provider Directory located in the back of this handbook. If you have an eye injury or infection, call your PCP for care or a referral.

- Pregnant women (21 or older) can have an eye exam and new glasses (lenses and frames) every 24 months.
- Children and pregnant women (20 and younger) can have an eye exam and new glasses (lenses and frames) every 12 months.

Additional exams and glasses may be covered more often when recommended by your physician or optometrist.

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

Skilled nursing facility (nursing home) care is covered for up to 20 days after you have been in the hospital. Your provider will get approval from ODS. Additional skilled care may be covered by Medicaid or Medicare if you have Medicare benefits.

Transportation

Ambulance transportation is covered in emergencies or when your PCP has approved it in advance.

Nonemergency transportation may be provided if you have no other way to get to a medical appointment. Call your DHS worker in advance to arrange for transportation.

OHP Standard coverage

The OHP Standard Plan is a reduced-benefits package. OHP Standard benefits include:

- Physician services
- Immunizations (shots)
- Lab and X-ray services
- Prescription drugs
- Limited medical equipment and supplies
- Outpatient chemical dependency services
- Emergency transportation (by ambulance only)
- Limited hospital services
- Hospice care
- Tobacco cessation services
- Eye disease treatment only (routine vision services are not covered)

Not all services listed in this handbook are covered under the Standard Plan. Please call our Customer Service Department if you have any questions about what your plan covers.

Services covered by DMAP

Some services are only covered by DMAP, even if you are a member of ODS. These services include:

- Elective abortion and related services
- Residential chemical dependency treatment
- Transportation to medical appointments
- Secure transport if you might be a harm to yourself or others
- Prescription drugs for mental health conditions

Contact your DHS worker for information about how to access these services.

NONCOVERED SERVICES

Not all medical care is covered. When you need medical care, contact your PCP. If you have questions about covered or noncovered services, call our Customer Service Department. If you receive a service that is not covered, you may have to pay the bill.

If you get nonemergency or nonurgent care services from a provider who is not an ODS provider, you may be billed for charges, including Medicare deductibles and coinsurances.

The following are examples of **noncovered services**:

- Treatment for conditions that get better on their own, such as colds
- Treatment for conditions for which home treatment works, such as sprains
- Cosmetic surgeries or treatments
- Treatments that are not generally effective
- Services to help you get pregnant
- Weight-loss programs
- Buy-ups*

*A buy-up is when a member pays the difference between an item OHP covers and a more expensive, noncovered model. For example, OHP may cover a basic pair of eyeglasses, but the client may want a more expensive pair that is not covered by OHP. The member tries to buy up by paying the difference between the two. This is not allowed.

IF YOU ARE PREGNANT

If you become pregnant, call your DHS worker right away. Your DHS worker will make sure you do not lose medical coverage. If you are pregnant, or think you might be, it is important that you see a healthcare provider right away. Regular check-ups are important to have a healthy baby.

Call your DHS worker as soon as your baby is born. Your DHS worker will enroll your baby in the Oregon Health Plan.

Maternity services outside the service area

If at all possible, try to stay within the ODS service area during the last 30 days of your pregnancy. Only emergency care outside the service area is covered, which includes the delivery and the baby's newborn checkup in the hospital. Any emergency care involving your baby is also covered. Prenatal care is not covered outside the service area.

OTHER IMPORTANT INFORMATION

Changes to your address or phone number

If you move or change your phone number, contact your DHS worker to ensure that you continue to receive important information from ODS. Also, give your PCP's office your new address or phone number.

Information and Privacy

All information in your ODS and medical records and anything you discuss with your providers, their staff and ODS is confidential, or private. Information in these records will not be released without your prior consent, except as requested by DMAP.

Member disenrollment request

OHP members may ask to leave a managed care plan without cause in the first 30 days of enrollment. 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.

Plan disenrollment request

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

Advance directives

Every Oregon adult has the right to make decisions about his or her medical treatment. This includes the right to accept and refuse medical treatment.

An illness or injury may keep you from telling your doctor and family members what your wishes are about the medical care you want to receive. Oregon law allows you to say your wishes in advance while you are able to do so. The form used to write down your wishes is called an advance directive. Every Oregon adult has the right to fill out an advance directive form.

An advance directive booklet, “Making Health Care Decisions,” is available at no cost from ODS. Please call our Customer Service Department to request information on advance directives. You may find out more about advance directives by calling Oregon Health Decisions at 503-692-0894 or 1-800-422-4805, TTY 711.

Clinical records

Each provider will keep a clinical record that documents conditions, services provided and referrals made. ODS members have the right to ask for and receive copies of their clinical records. The provider may charge a reasonable copying fee. You also have the right to ask that the record be amended or corrected.

MEMBER RIGHTS AND RESPONSIBILITIES

As a member of ODS-OHP, you have the right to:

- Be treated with dignity and respect.
- Be treated by providers the same as other people seeking healthcare benefits to which they are entitled.
- Select or change your PCP.
- Be involved in creating your treatment plan.

- Receive information about your condition as well as covered and noncovered services so that you can make an informed decision about proposed care.
- Agree to care or turn down care and be told what will happen if you decide to turn down care, except for court-ordered services.
- Receive covered care under the OHP that meets generally accepted standards of practice and that is medically appropriate.
- Receive covered preventive care.
- Receive interpreter services.
- Have access to urgent and emergency care 24 hours a day, seven days a week.
- Be referred to specialty providers for medically appropriate, covered services.
- Refer yourself directly to mental health, chemical dependency or family planning without getting a referral from a PCP or other provider.
- Have a clinical record maintained that documents conditions, services received and referrals made.
- Have a friend, family member or support person with you during office visits and at other times as needed within clinical guidelines.
- Have access to your own medical record, unless restricted by law; request and receive a copy of your medical records, and request that they be amended or corrected.
- Transfer a copy of your medical record to another provider.
- Make a statement of wishes for treatment (advance directive), including the right to accept or refuse medical, surgical, chemical dependency or mental health treatment, and the right to obtain a power of attorney for healthcare.
- Receive written notice before a denial of, or change in, a benefit or service level is made, unless such notice is not required by federal or state regulations.
- Know how to make a complaint or appeal about any aspect of your care or the plan.
- Request an administrative hearing with the Department of Human Services.
- Receive written materials describing rights, responsibilities, benefits available, how to access care and what to do in an emergency.
- Have written materials explained in a manner that is understandable to you.

- Receive necessary and reasonable services to diagnose your presenting condition.
- Receive a notice of an appointment cancellation in a timely manner.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation and to report any violations to ODS or to the Oregon Health Plan.

As a member of ODS-OHP, you must:

- Choose your primary care provider or clinic, once enrolled.
- Be on time for appointments made with providers and call in advance if you are going to be late, or cancel if you are unable to keep the appointment.
- Tell providers your healthcare is covered under the Oregon Health Plan before services are received and, if requested, show the provider your DHS Medical Care ID.
- Treat all providers and their staff with respect.
- Seek periodic health exams, checkups and preventive care from your PCP.
- Use urgent and emergency care appropriately, and notify the plan or your PCP within 72 hours of an emergency.
- Obtain a referral to a specialist from your PCP before seeking care from a specialist, unless self-referral is allowed.
- Use your PCP for diagnostic and other care, except in an emergency.
- Give accurate information for the clinical record.
- Help the provider obtain clinical records from other providers. This may include signing a release of information form.
- Ask questions about conditions, treatments and other issues related to your care that you do not understand.
- Use information to decide about treatment before it is given.
- Help to create a care plan with the provider.
- Follow prescribed, agreed-upon treatment plans.
- Tell your DHS worker if you change your address or phone number.
- Tell your DHS worker if you become pregnant and when your baby is born.
- Tell your DHS worker if any family members move in or out of the household.
- Tell your DHS worker if you have any other insurance.
- Pay the monthly OHP premium on time, if required.

- Assist in pursuing any other resources available to pay for your health care. If you receive money for an injury, you must pay back the plan the amount of benefits they paid to care for that injury.
- Bring problems, complaints and grievances to the attention of ODS or DMAP.
- Sign an authorization for release of medical information so that ODS and DHS can get information that is related and needed to respond to an administrative hearing request in an effective and efficient manner.
- Pay for noncovered services you receive.

INFORMATION AVAILABLE UPON REQUEST

ODS Community Health, Inc.

If you would like information about The ODS Companies' structure and operation, visit our website at www.odscompanies.com or call ODS Customer Service at 888-788-9821 (TTY: 711).

PROVIDER PAYMENTS

You may ask if ODS pays our physicians bonuses for limiting their use of referrals and other services. To get this information, please call our Customer Service Department and ask for information about our physician payment arrangements.

PROVIDER APPEAL RIGHTS

Your provider may appeal a decision by ODS to deny a service that was requested for you. Providers can call ODS Customer Service at 1-888-788-9821 to request the appeal. Providers may also help you to submit appeals to ODS. 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 ODS, 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 ODS 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 ODS Medical Customer Service or write:

ODS Health Plans
Attn: Appeal Unit
601 S.W. Second Ave.
Portland, OR 97204

Telephone: 503-765-3521
or 1-888-788-9821
TDD/TTY: 711
or 1-888-788-9835

2. ODS 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. ODS will respond to your complaint within 30 calendar days of receiving it. You may need to give ODS 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 ODS Medical Customer Service within 45 days of the date of the denial. To file your appeal in writing, request an

ODS-OHP appeal form. You should receive this form with your denial. Call or write:

ODS Health Plans
Attn: Appeal Unit
601 S.W. Second Ave.
Portland, OR 97204

Telephone: 503-765-3521
or 1-888-788-9821
TDD/TTY: 711
or 1-888-788-9835

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

2. ODS 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. ODS will complete the review and respond to your appeal within 16 calendar days. If ODS 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 ODS for an expedited or “rush” appeal. If ODS agrees that your appeal is an emergency, ODS will respond to your request within three working days.
5. You may need to give ODS your consent to investigate the appeal and to request your medical records. All information about your appeal is handled confidentially.
6. If you do not agree with the response to your appeal — the Notice of Appeal Resolution Letter — you can ask for an administrative hearing.
7. You have the right to continue services during the appeal process, but you will be responsible for payment of those services if the appeal 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 ODS or your DHS worker within 45 days of the date of the denial.

1. To contact ODS, call 503-765-3521 or 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 appeal denial is upheld.

PROVIDER DIRECTORY

The following pages contain a listing of ODS providers by City. The list gives you the name, address and phone number of providers. The list also indicates if the provider or office staff speaks a language other than English. If you are hearing or speech impaired and would like to contact your provider please call 711.

To get the most up to date information on ODS providers please visit our website at www.odscompanies.com/ohp or call ODS Customer Service at 1-888-788-9821 (TTY: 711).