

# Columbia Pacific CCO

Member Handbook

JANUARY 2018



## A quick guide

### Need help managing your chronic pain?

We want to help you manage your pain so you can live a better life. Go to **page 8**, “Wellness centers” for more information.



**Are you pregnant?** We have plenty of resources for expecting mothers! Go to **page 36**, “If You Are Pregnant,” for more information.



**Do you speak English?** If you don't speak English very well, that's okay. We can get an interpreter and translation services for you. Go to **page 3**, “Having an interpreter at appointments,” for more information.



**Want to give us your opinion?** We need to hear from members like you to help us build a healthier community. Join our Community Advisory Council and help shape the future of your health plan! **Go to page 10**, “Getting Involved as a Member,” for more information.



### Want to see this handbook on the web?

You can find this book in electronic format on our website at [colpachealth.org/handbook](http://colpachealth.org/handbook). You can always call Customer Service to request another copy as well.

### What is covered under this plan?

Know what services and benefits are yours, under Columbia Pacific CCO and the Oregon Health Plan. Go to **page 18**, “Covered Benefits and Services,” and **page 20**, “Preventive Health and Wellness” for more information.



### What else can we do for you?

Through our various community resources and programs, Columbia Pacific CCO gives extra help to members of all ages. If you need help communicating, we can help you get a free cell phone. If you want help with quitting tobacco, we have programs for that. Go to **page 8**, “Columbia Pacific CCO Programs” for more information.



### Have questions?

**Go to page 46**, “Frequently Asked Questions,” or Call Customer Service, 8 a.m.-5 p.m. Monday-Friday Toll-free: 855-722-8206 TTY: 711



### Want to watch a video to get started?

If you don't want to read this whole book but you want to get started, we have a video for that! You can watch our video, “Welcome to Columbia Pacific CCO and OHP,” by visiting our website at [colpachealth.org/membervideo](http://colpachealth.org/membervideo)





Columbia Pacific CCO must follow state and federal civil rights laws. We cannot treat people unfairly in any of our programs or activities because of a person's:

- Age
- Disability
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Color
- Sex
- Sexual orientation

To report concerns or to get more information, please contact our Grievance Coordinator one of these ways:

- Email: [customerservice@careoregon.org](mailto:customerservice@careoregon.org)
- Phone: (toll-free) 855-722-8206, (TTY/TDD) 711
- Fax: 503-416-1313
- Mail: Columbia Pacific CCO  
Attn: Grievance Coordinator  
315 SW Fifth Ave  
Portland, OR 97204

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

File online at: [hhs.gov/](https://www.hhs.gov/)

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

Phone: (toll-free) 800-868-1019,  
(TDD) 800-537-7697

Mail: U.S. Department of Health  
and Human Services  
200 Independence Avenue, SW  
Room 509F HHH Bldg  
Washington, D.C. 20201

### **Columbia Pacific CCO**

#### **Street and mailing address:**

315 SW Fifth Ave  
Portland, OR 97204

**Call:** Toll-free 855-722-8206  
Portland metro area 503-488-2822  
TTY/TDD 711

**Text message:** 503-488-2886

**Web:** [colpachealth.org](https://colpachealth.org)

#### **Office hours:**

8 a.m. to 5 p.m., Monday through Friday  
We are closed on most government holidays.  
Our offices are wheelchair accessible.

All members have a right to know about and use our programs and services. We give these kinds of free help:

- Sign language
- Spoken language interpreters;
- Materials in other languages; and
- Braille, large print, audio, and any way that works better for you

If you need help or have questions, please call Customer Service at 855-722-8206.

If you need an interpreter at your appointments, tell your provider's office that you need an interpreter and for which language. Information on certified Health Care Interpreters is at [oregon.gov/oha/oei](http://oregon.gov/oha/oei).

Todos los miembros tienen derecho a conocer y usar nuestros programas y servicios. Brindamos los siguientes tipos de ayuda gratuita:

- Lenguaje de señas;
- Intérpretes;
- Materiales en otros idiomas; y
- Braille, letra grande, audio y cualquier otro formato que le funcione mejor.

Si necesita ayuda o tiene preguntas, llame a Atención al Cliente al 855-722-8206.

Si usted necesita un intérprete en sus citas, infórmele al consultorio de su proveedor que necesita uno y para qué idioma. Hay información disponible sobre los Intérpretes de Atención de Salud en [oregon.gov/oha/oei](http://oregon.gov/oha/oei).



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## Welcome to Columbia Pacific CCO

We're glad to have you as a member of Columbia Pacific CCO. We are a group of all types of health care providers who work together for people on the Oregon Health Plan (OHP) in your community. This model is known as a Coordinated Care Organization, or CCO.

With a CCO, you can get all of your health care services from the same plan. This includes physical, dental and mental health services.

Some partners in our CCO include the following organizations:

### **Medical services**

- CareOregon

### **Behavioral health services**

- Greater Oregon Behavioral Health, Inc. (GOBHI)

### **Dental health services**

- Advantage Dental Service
- Capitol Dental Care
- ODS
- Willamette Dental Group

### **Columbia Pacific CCO coordinates your care by:**

- Connecting you with a primary care provider (PCP) to make sure you have the tools and support you need to stay healthy
- Providing care and advice that is easy to understand and follow
- Ensuring you have the right resources to overcome any barriers to good health
- Providing you with information and access to prevention services
- Keeping you closely connected to your PCP, so you can avoid trips to the emergency room or hospital
- Making sure your PCP and your other providers talk to each other about your health care needs
- Working with local resource providers to improve your health and health care
- Working closely with you, your providers and your community to make sure you feel comfortable, safe and cared for

Our goal is to help you receive the best health care and services possible within your community, when you need them. We work closely with community and social agencies. If you face challenges like homelessness or hunger, or have several health conditions, we can connect you with the right resources.

## Getting Care When You Need It

### Getting started

Now that you have OHP through Columbia Pacific CCO, here are some things to help you get the care you need:

- Choose a doctor and a dentist, make appointments with them, and call them first whenever you need care. They are your partners for good health. (Pages 12, 27)
- Keep your Oregon Health ID and Columbia Pacific CCO ID cards in a safe place. Show them at each appointment. (Pages 3-4)
- OHP covers rides to appointments. If you need help getting to an appointment, call our Customer Service or go to the “Free rides to appointments” section of this handbook. (Page 23)
- Call ahead if you cannot make it. Your provider’s office will set up a new visit. (Page 13)

Also, please take time to look over this handbook and then save it in a safe place. You can check it later if you have questions.

If you don’t want to read this entire book but you want to get started, visit our website at [colpachealth.org/membervideo](http://colpachealth.org/membervideo) and you can watch the video, “Welcome to Columbia Pacific CCO and OHP.”

### Columbia Pacific CCO Customer Service

Call Columbia Pacific CCO Customer Service if you have questions about:

- Benefits
- Choosing or changing your PCP
- Using your PCP’s services
- Authorization (approval) for medical services and supplies
- Prescription drugs
- Where to get medical supplies or equipment
- Prenatal (before birth) care, and participating prenatal care providers
- A bill you received from your provider when you were covered by Columbia Pacific CCO

Customer Service is available from 8 a.m. to 5 p.m. Monday – Friday.

### New members who need service immediately

If you are new to Columbia Pacific and you need medical care or prescriptions immediately, please call our Customer Service Department for more information and help. Also, make an appointment with your Columbia Pacific PCP as soon as possible to be sure you receive any ongoing care that you need.





## Having an interpreter at appointments

If you do not speak English or you need sign language interpretation, we want you to have an interpreter at your medical appointment. It is your legal right and there is no cost to you.

If you need language interpretation, tell the clinic staff the language you speak. They will arrange to have an interpreter at your appointment.



If you need sign language interpretation, the clinic staff will also arrange this. You also can call the Oregon Relay TTY/TDD at 711 for help.

Please let us know if you ask for an interpreter but don't get one. You can call Customer Service.

## Plan information

Columbia Pacific sends you information about:

- Covered benefits and services
- How to find a provider
- How to get care for covered services when you are outside our service area
- How Columbia Pacific CCO decides if new medical equipment should be a covered benefit
- Any law changes that affect your plan, at least 30 days before the changes take place

## Your Oregon Health ID card

The Oregon Health Authority (OHA) sends you one Oregon Health ID card that has your name, client number and the date the card was issued. All eligible members in your household receive their own Oregon Health ID cards.

Take your Oregon Health ID card to all health care appointments and pharmacies when you fill a prescription. Keep it in a safe place. OHA only sends a new card if you change your name or if you ask for a new card.

If your Oregon Health ID card is not correct, or you get a new card with your name but a different Client ID, call OHP Customer Service right away at 800-699-9075 (TTY 711).

## OHA coverage letter

The Oregon Health Authority (OHA) sends you a coverage letter that has your:

- benefit package
- coordinated care plan name

This letter shows information for everyone in your household who has an Oregon Health ID card. You do not need to take this letter to your health care appointments or to pharmacies.

OHA will send you a new coverage letter if you ask for one or if your coverage changes.

Your Oregon Health Plan (OHP) coverage letter says that clients in OHP coordinated care organizations may have copays. However, CCOs may choose not to collect these copays.

As your CCO, we have decided not to charge copays at this time. Instead, we will cover this cost for you.

We know that everyone worries about getting quality health care at an affordable price. For that reason, we're asking our clinics and medical providers not to collect copays from our members.

If your provider asks you to pay a copay, please do not pay it. Instead, ask the clinic staff to call our Customer Service department.

If you have any questions about copays, please call our Customer Service Department.

### Your Columbia Pacific ID card

If you or a family member changes PCPs, you will get a new Columbia Pacific ID card. If you lose your ID card, please call Customer Service and we will send you another one.

If you need care before you receive your Columbia Pacific ID card, please call us. We will help you get the services you need.

Take your Columbia Pacific ID card and your Oregon Health ID card to all your health care and dental appointments and to the pharmacy when you fill a prescription.

### Reasons to take your card with you:

- It's easier to check in for appointments
- It's easier to get medicine at a pharmacy
- Your provider will know who to bill
- Providers use information on ID cards to make sure you have benefits with us



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

OHP is a program that pays for the health care of low-income Oregonians. The state of Oregon and the U.S. government's Medicaid program pay for it. It covers services such as doctor visits, prescription drugs, hospital stays, dental care, mental health services, help with addiction to cigarettes, alcohol and drugs, and transportation to health care appointments. OHP also can provide glasses, hearing aids, medical equipment and home health care if you qualify.

The OHP website has more details about what is covered. For more information, go to: **[oregon.gov/oha/healthplan](https://oregon.gov/oha/healthplan)**.

You may also review the Oregon Health Plan Handbook. It has general information on the Oregon Health Plan that may not be in this handbook. You can read it online at **[ohp.oregon.gov](https://ohp.oregon.gov)**, or you can call OHP Customer Service (see next section) and request a paper copy.

## OHP Customer Service

Call OHP Customer Service anytime you have questions, or if you:

- Need to change your address, telephone number, name or family status
- Have other health insurance coverage
- Have given birth or adopted a child
- Need to replace a lost or stolen OHP ID Card
- Move outside of our service area (Clatsop, Columbia and Tillamook counties)
- Want an OHP Handbook sent to you

A phone call is the best way to reach OHP Customer Service.

Call toll-free, 800-699-9075. TTY/TDD users can dial 711.

You also can reach OHP Customer Service by email at: **[oregonhealthplan.changes@dhs.oha.state.or.us](mailto:oregonhealthplan.changes@dhs.oha.state.or.us)**.

Use the DHS/OHA secure email site at **<https://secureemail.dhs.oha.state.or.us/encrypt>** to send your email to OHP. Include your full name, date of birth, Oregon Health ID number and phone number.

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

CCOs are companies that contract with the state of Oregon to manage your health care. They are set up so that all your providers — doctors, nurses, counselors, dentists — work together to prevent disease and improve your health and the health of everyone on OHP in your community. Instead of just treating you when you get sick, CCOs work with you to keep you healthy and help you manage your health conditions.

For example, there may be added services for members with chronic conditions like diabetes, asthma and heart disease, or for those with other health needs.

For most people, CCOs pay for medical, dental and behavioral health services. Some people have CCOs only for dental or mental health. The Oregon Health Authority (OHA) pays the CCO a fee every month to take care of many of your health care needs. For services to be covered, you must use providers who are in the CCO's provider network.

## What is the difference between Columbia Pacific CCO and OHP?

The OHP is Oregon's Medicaid program. Columbia Pacific CCO is one of several CCOs that the state contracts with to provide health care services to people on the OHP. When you apply for OHP, the OHA handles your application and sets the benefits that you receive after you are accepted. OHP uses several different CCOs to serve its members, including Columbia Pacific CCO.

## What are Managed Care and Fee-For-Service?

OHA pays managed care companies a set amount each month to provide their members the health care services they need. Most OHP members must receive managed medical, mental health and dental care.

Health services for OHP members not in managed care are paid by OHA. This is called fee-for-service (FFS) because OHA pays providers a fee for services they provide. It is also called an "open card."

Native Americans and Alaska natives on OHP can choose to receive managed care or have an open card. If you are on Medicare in addition to OHP, you can also have an open card. Any OHP member who has a good reason to have an open card can ask to leave managed care. Talk to OHP Customer Service about the best way to receive your medical care.



## 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 by asking 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 their medical, dental and behavioral health needs are met. You can ask at your clinic or provider's office if it is a PCPCH.

## Intensive Care Coordination Services (ICCS)

Intensive Care Coordination Services (ICCS) are available if you are disabled or have multiple chronic conditions, high health care needs or special health care needs. These services are provided by trained staff that can help you overcome barriers that may keep you from being healthy. They can also help you:

- Find a provider who can help you with your special health care needs, including help with mental health and substance use issues
- Get an appointment with your PCP, specialist or other health care or behavioral health provider
- Obtain needed equipment, supplies or services

- Coordinate care among your doctors, other providers, home and community support agencies and social service organizations

If you think you might need ICCS, call Customer Service. They will put you in touch with a staff member who is specially trained to meet your particular needs.

## Care Management Teams

We have a team of professionals that are ready to help you if you have a serious or chronic health condition, such as:

- Diabetes,
- Heart failure
- Asthma
- Depression or substance use
- You have spent a lot of time in the hospital

Care Management Teams can talk with you about how to live well and feel better with your condition. Our team of nurses, behavioral health specialists and health care coordinators can help you understand your PCP's treatment plan. They also can help you make the most of your provider visits and connect you with helpful community resources.

To talk with a Care Management Team member, call Customer Service.

## Columbia Pacific CCO Programs



As a nonprofit CCO, we dedicate ourselves to putting our money back into our community instead of shareholder profits.

Each year, money from our operations is used to serve the residents in our communities who may need special services or more support. This includes special programs for our Columbia Pacific CCO members. It also includes additional programs that support our entire community, not just our members.

Each year these programs will vary, depending on our local needs. These are needs identified by our Community Advisory Council (CAC) members who live in our service area.

Some of these programs are included here in this section. If you need more information on our programs, please visit our website at [colpachealth.org](http://colpachealth.org), or call Customer Service during business hours.

### CareMessage (for tobacco users)

CareMessage is a text messaging program that sends texts to members who are interested in reducing or stopping the use of tobacco. It is available to all Columbia Pacific CCO members. You send information about yourself so that your messages are tailored to your particular health needs. The program

lasts 25 weeks and you will usually receive two to three messages a week. CareMessage is also available in Spanish.

You can enroll by texting “quit” to 503-831-9124.

If you don’t have a cellphone, you may qualify for a free Android smart phone through our free phone program. See the section “Free Android smartphones,” on the next page, for more information.

### Wellness centers (for chronic pain)

If you live with chronic or persistent pain and want control of your life, we can help. Columbia Pacific CCO has a pain clinic in each county we serve for members that qualify.



A pain clinic is a health care facility that gives you the information, tools and resources you need to reduce pain and get back to living a quality life. Our programs focus on the total person, not just the pain.

In our programs, you will

- Get help with setting goals to relieve your suffering
- Develop a well-rounded activity program adapted for your special needs
- Get training in relaxation, movement
- Learn how to cope and manage your pain
- Learn about your pain, medications and treatment



- Have the opportunity to share experiences with others who have persistent pain in a safe and supportive environment

To qualify for our programs, your PCP or other provider must refer you to one of our pain clinics. We will work with your PCP or other provider to coordinate your pain-related care.

For more information on our programs, or to find a pain clinic in your area, go to our website at [colpachealth.org/painclinics](http://colpachealth.org/painclinics).

### **Free Android smartphones**

If you don't have a home phone or a cellphone, or if you don't have enough monthly minutes for health-related calls, we may be able to help.

Through our Lifeline Phone Program, we can provide our eligible members with a free Android smartphone (one per family).

Each phone comes with a set amount of free monthly minutes and data, as well as unlimited text messages. You also can make unlimited calls to Columbia Pacific CCO Customer Service and OHP Client Services without a cost to you. Best of all, there are no contracts to sign, and no strings attached!

To see if you qualify, or if you want more information about this program, please call Customer Service.

### **Culturally-sensitive health education**

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

Our health education programs include self-care, prevention and disease self-management. Please call Customer Service toll-free at 855-722-8206 for more information. TTY/TDD users can call 711.

## Getting Involved as a Member



### Community Advisory Council (CAC)

Because each CCO is unique to its community and has its own local leaders, the voices of the community are very important. Columbia Pacific CCO has a CAC made up of members like you, as well as providers and community members. The CAC is your voice in the health plan.

Most CAC members (more than half) are Columbia Pacific CCO members. This gives you the chance to take an active role in improving your own health and that of your family and others in your community.

Some of the CAC's duties include:

- Making suggestions about preventive care and long-range planning
- Finding ways to improve existing Columbia Pacific CCO programs, as well as suggesting future programs

- Advising the board of directors on how to help us respond to members' needs and plan for community health
- Organizing activities and projects for other Columbia Pacific CCO members and the community on health care issues
- Helping with a Community Health Needs Assessment and Community Health Improvement Plan for everyone living in the Columbia Pacific CCO area.

For more information about the CAC or to apply, see the "CAC" section of our website at [colpachealth.org](http://colpachealth.org), or call Customer Service at 855-722-8206.

TTY/TDD users can call 711. You also can send an email to [info@colpachealth.org](mailto:info@colpachealth.org).





## Your Rights as a Columbia Pacific Member on OHP

### As an OHP client, you will be:

- Treated with dignity and respect, the same as other patients
- Free to choose your provider
- Urged to tell your provider about all your health concerns
- Able to have a friend or helper come to your appointments, and an interpreter if you want one
- Told about all of your OHP-covered and non-covered treatment options
- Allowed to help make decisions about your health care, including refusing treatment, without being kept away from other people or forced to do something you don't want to do
- Given a referral or second opinion, if you need it
- Given care when you need it, 24 hours a day and 7 days a week
- Free to get mental health and family planning services without a referral
- Free to get help with addiction to tobacco products, alcohol and drugs without a referral
- Given handbooks and letters that you can understand
- Able to see and get a copy of your health records
- Able to limit who can see your health records
- Sent a Notice of Action letter if you are denied a service or there is a change in service level
- Free from any form of restraint or seclusion (isolation) that is not medically necessary or is used by staff to bully or punish you. Staff may not restrain or isolate you for the staff's convenience or retaliation against you. You have the right to report violations to Columbia Pacific CCO and/or to the Oregon Health Plan
- Given information and help to appeal denials and ask for a hearing
- Allowed to make complaints and get a response without a bad reaction from your plan or provider
- Free to ask the Oregon Health Authority Ombudsperson for help with problems at 503-947-2346 or toll-free 877-642-0450, TTY/TDD 711

### As an OHP client, you agree to:

- Find a doctor or other provider you can work with and tell them all about your health
- Treat providers and their staff with the same respect you want
- Bring your medical ID cards to appointments, tell the receptionist that you have OHP and any other health insurance, and let them know if you were hurt in an accident
- Be on time for appointments

- Call your provider at least one day before if you can't make it to an appointment
- Have yearly check-ups, wellness visits and other services to prevent illness and keep you healthy
- Follow your providers' and pharmacists' directions, or ask for another choice
- Be honest with your providers to get the best service possible
- Call OHP Customer Service when you move, are pregnant or no longer pregnant

## Working With Your Primary Care Provider (PCP)

### Your PCP assignment

All Columbia Pacific members have a PCP. When you become a Columbia Pacific member, we will assign you a PCP, or you can choose your own. This could be a doctor, a nurse practitioner or a physician's assistant. Start with your PCP for all of your health care needs.

To find a provider of your own, visit our online provider directory at [colpachealth.org/providerdirectory](https://colpachealth.org/providerdirectory).

If you would like provider information in a print version, you can print it from our website or call Customer Service. We can mail you provider lists in the ZIP code and/or specialty service of your choice.

Please note: some providers do not accept new patients. If you need help finding a provider in your area, or if you have other questions about a provider that our online directory does not answer, including qualifications, specialty and board certification, please contact Customer Service and they can assist you.

**IMPORTANT: *If you are pregnant or have a baby less than one year old, see your PCP as soon as possible.***



## Get to know your PCP

Your PCP keeps track of all your basic and specialty care. Make an appointment to see your PCP as soon as possible. This way, your PCP can learn about you and your medical history before you have a medical problem. This will help you avoid delays the first time you need to use your benefits.

When you don't feel well or need a checkup, call your PCP to make an appointment and get help deciding what care you need.

Before your appointment, write down any questions you may have so you remember to ask them. Also, write down any history of family health problems and make a list of any prescriptions, over-the-counter medications and vitamins you take.

## Making appointments to see your PCP

If you need a medical appointment, call your PCP's office or clinic during office hours and:

- Tell the office or clinic that you are a Columbia Pacific CCO member
- Give them your name and Medical ID number
- Tell them why you want an appointment

Call in advance for routine, non-emergency appointments. If you are sick and need a same-day appointment, tell the clinic's staff person when you call.

## Getting in to see your PCP

Usually, you can get a routine or follow-up appointment within four weeks of the request, or within two days for urgent issues. If you have questions or concerns about getting an appointment, call Customer Service for assistance.

## Missing PCP appointments

If you must miss an appointment, call your PCP and try to cancel as soon as possible. The clinic will schedule another appointment for you and make the time available for another patient.

**PLEASE NOTE: Each clinic has its own policies about missed appointments. We do not cover charges you may be asked to pay for missing an appointment with your PCP or a clinic. Ask your clinic about its policy so you can avoid having to pay any penalties for cancellations.**

## Changing your PCP

After your first 30 days as a Columbia Pacific member, you may change your PCP no more than twice in a six-month period. You may change your PCP more often if you move or are dismissed from your PCP clinic.

We can help you find a PCP whose office is convenient for you and who accepts new patients. You may also look in the Primary Care Clinics section of our provider directory, available online at [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory).

To change your PCP, call Customer Service. After you choose a PCP, we will mail you a new Columbia Pacific ID card that shows the name of the PCP you chose.

When you choose a new PCP, the change is effective right away, but it might take a few days for your new PCP to get your information. If you or your PCP has questions about your PCP assignment or plan benefits, please call Customer Service.

### **Other services in your PCP's office**

Your PCP may refer you to a Behavioral Health Consultant for a 15-30 minute visit. The consultant will focus on a particular problem. After talking to you, the consultant will help you make any changes you want to make, help with stress or problems at home or school.

Your consultant can help you

- Create a healthy lifestyle by changing eating and exercise habits, or learning relaxation skills, ways to sleep better and have good friends
- Reflect on harmful habits like using alcohol, tobacco and drugs, or getting angry easily and hurting people's feelings. The consultant can help you make changes for the better, even if they are small
- Cope with stress, including loss and sadness
- Apply self-care techniques to manage pain, diabetes, medications, and other issues

### **Referrals to other providers and direct access to specialists**

If you think you need to see a specialist or other provider, make an appointment with your PCP first. Your PCP will decide which services and tests you may need.

Specialty care is care provided by a specialist provider, such as a cardiologist for heart problems, orthopedist for bone problems, or endocrinologist for hormone problems. If you need to see a specialist or other provider, your PCP will refer you. However, you can see specialists for some kinds of care without seeing your PCP first. This is called "direct access to a specialist." You can make your own appointment for the following services from a specialist who is a Columbia Pacific provider:

- Routine women's health care and preventive women's health care services, which includes, but is not limited to, prenatal care, breast exams, mammograms and Pap tests
- Renal (kidney) dialysis services you get when you are temporarily outside the plan's service area
- Family planning
- Immunizations (shots)
- Mental health services
- Outpatient treatment for drug and alcohol problems. A list of providers for these services is in Columbia Pacific's online provider directory.



### **Out-of-network providers**

In most cases, you must see a Columbia Pacific specialist or other provider. If a Columbia Pacific specialist or provider is not available, your PCP will ask us if you can see an out-of-network provider. We will work with your PCP in determining how soon you need to be seen and the specialist you need to see to address your medical needs.

If you have already seen a specialist and have questions or concerns, make an appointment with your PCP to discuss any issues. If you or your PCP want a second opinion from another specialist, your PCP will refer you.

### **After-hours care (evenings, weekends and holidays)**

Your Columbia Pacific PCP looks after your care any time of the day or night. Even if your PCP's office is closed, call the clinic's phone number. You will speak with someone who will contact your PCP, or give you advice on what to do.

When your PCP is out of town or on vacation, they will arrange for another provider to be available to give you care and advice.

### **Second opinions**

We cover second opinions. If you want a second opinion about your treatment options, ask your PCP to refer you for another opinion. If you want to see a provider outside our network, you or your provider will need to get our approval first.

## Emergencies, Urgent Care and Crises

### If you have an emergency

If you think that you have a real emergency, call 911 or go to the nearest hospital. You don't need permission to get care in an emergency.

Emergencies are serious medical problems that need immediate care in an emergency room. In an emergency, you need medical attention immediately to prevent loss of life or more injury to yourself, your child or your unborn child.

Examples of emergencies are:

- possible heart attacks
- loss of consciousness
- seizures
- broken bones
- severe burns
- bleeding that does not stop

**IMPORTANT: Do not go to a hospital emergency room for routine care that can be provided by your PCP. Sometimes ERs have a long, uncomfortable wait and take hours to see a doctor, so you should only go there when you have to.**

For example, the following conditions are not emergencies:

- common cold
- constipation
- diaper rash
- back pain
- toothache

### Follow-up care after an emergency

Emergency rooms will care for you until you are stable. If you need more care, you may be admitted to the hospital. If not, the emergency staff will tell you where to go for follow-up care. If you do not receive this information, contact your PCP on the next business day after your emergency treatment. Follow-up care once you are stable is covered, but not considered an emergency.

### Post-stabilization care

Post-stabilization care refers to covered services you get after an emergency and after your condition is stabilized. It is care to help maintain or improve your condition. Columbia Pacific CCO will pay for post-stabilization care provided by a hospital (whether or not the hospital is in our provider network).

After you receive emergency treatment, call your PCP as soon as possible. You can arrange for more care if you need it.



## Out-of-town emergencies

If you have a real emergency when you are away from home, call 911 or go to the nearest emergency room. Your care will be covered until you are stable. For follow-up care after the emergency, call your PCP.

OHP covers emergency and urgent care anywhere in the United States, but not in Mexico, Canada, or anywhere else outside the United States.

## Urgent care

Always call your PCP's office first about any health problem. Someone will be able to help you day and night, even on weekends and holidays. Urgent problems are things like severe infections, sprains, and strong pain. If you don't know how urgent the problem is, call your PCP.

When you have an urgent problem, do the following:

1. Call your clinic or provider's office. You can call anytime – day or night, 24 hours a day, seven days a week.
2. If your PCP isn't available, ask to speak to the clinic nurse or on-call provider.
3. A health care professional will tell you what to do. You may be scheduled for an appointment.

## Covered Benefits and Services



This is a brief list of benefits and services that are covered under your OHP benefits with Columbia Pacific CCO. To learn more about what is covered, please refer to the sections on the following pages that discuss the benefits in more detail.

If you have any questions about what is covered, you can ask your PCP or call Customer Service. You also can reference the OHP Handbook. It is available on the web at [ohp.oregon.gov](http://ohp.oregon.gov). You can also call OHP Client Services and ask them to send you a copy. That phone number is 800-273-0557 (TTY is 711).

### Alcohol and drug treatment

### Childbirth

### Dental care

- Basic services including cleaning, fluoride varnish, fillings and extractions
- Urgent or immediate treatment
- Crowns for children, pregnant women and adults age 18–20
- Sealants, root canals on back teeth for children under age 21

### Hearing aids and hearing aid exams

### Home health and private duty nursing

### Hospice care

### Hospital care

- Emergency treatment
- Inpatient and outpatient care

### Immunizations

### Laboratory and X-rays

### Medical care from a physician, nurse practitioner or physician's assistant

### Medical equipment and supplies

### Medical transportation

### Mental health care

### Physical, occupational and speech therapy

### Prescription drugs

- OHP with Limited Drug only includes drugs that Medicare Part D does not cover
- Note: If you are eligible for Medicare Part D but you choose not to enroll, you will have to pay out of your own pocket for drugs that Medicare Part D would cover if you had it

### Vision and eye care

- Medical services
- Services to correct vision for children, pregnant women and adults age 18–20
- Glasses for children, pregnant women and adults who have a qualifying medical condition such as aphakia or keratoconus, or after cataract surgery





## Prioritized List of Health Services

OHP does not cover everything. The Oregon law makers do not have enough money to provide services for every type of illness. So they use the money that is available to pay for the most effective services for selected sicknesses and diseases.

A list of these sicknesses and diseases is called the ***Prioritized List of Health Services***. This list was developed by a committee called the Oregon Health Evidence Review Commission (HERC). The HERC is a group of doctors, nurses and others concerned about health care issues in Oregon.

This Prioritized List of Health Services is available online at [oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx](http://oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx).

To create the first prioritized list of health services, the HERC held public meetings around Oregon to find out which health issues were important to Oregonians. The HERC used that information to rank all health care procedures in order of effectiveness. HERC members are appointed by the governor and meet regularly to update the list.

## How does the Prioritized List work?

The list contains hundreds of diseases and conditions. Only some of them are covered by OHP due to funding. The cut-off line between what is covered and what isn't covered is called the Funding Line. All conditions "above the line" are covered. The conditions "below the line" usually are not covered by OHP, but there may be exceptions. For example, something below the line could be covered if you have an above the line condition that could improve if the below the line condition is treated.

OHP covers reasonable services for finding out what's wrong. That includes diagnosing a condition that is not currently funded. If a health care provider decides on a diagnosis or treatment that's not funded, OHP will not pay for any more services for that condition.

The OHP website has more details about the list. Go to [oregon.gov/oha/healthplan](http://oregon.gov/oha/healthplan).

## Preventive Health and Wellness



Columbia Pacific is committed to helping you and your family stay well and live a healthy life. You can help prevent many serious illnesses and health conditions by making small, healthy lifestyle changes, using preventive health and wellness services, and working with your primary care provider.

Our health and wellness services include:

- Health checkups
- Help to quit using tobacco
- Immunizations (shots)
- Prenatal care for pregnant women
- Mammograms (for women)
- Pap smears (women) and prostate exams (men)

### Quitting tobacco

The single most important thing you can do to improve the health of you and your family is to stop using tobacco. We have many ways to support you.

We cover several types of support to help you quit smoking, as well as counseling in your doctor's office or over the telephone. You are most likely to be successful when you use both medication and counseling.

We also offer a text messaging program that sends reminders and tips, called CareMessage. All members who smoke and want to stop can call Quit for Life toll-free, 24-hours a day, 7 days a week. Call 800-QUIT-NOW or 800-784-8669.

### Drug and alcohol treatment

If you think you need treatment for a drug or alcohol problem, talk to your PCP or contact a drug and alcohol dependency provider directly.

You do not need to call Columbia Pacific for a referral for drug and alcohol treatment services.

For treatment, we pay for counseling office visits, acupuncture, medication treatments and detoxification services.

We also cover treatment at a residential facility. Contact Customer Service for additional information.

### Baby, child and teen health

Your children's health is important to us. To keep your children healthy, be sure they get their shots (immunizations) and regular checkups even when they are not sick. Your child should have a health check-up with their PCP within three months of becoming a Columbia Pacific member.

It is important for your children to get all recommended shots (immunizations). If your child has missed any shots, make an appointment to get them as soon as possible. It's important for your child to be immunized before their second birthday.



## Adult health

Getting regular health exams, tests and immunizations (shots) is important to staying healthy.

Chronic illness or other conditions may put some people at “high risk.” Depending on your level of risk, your PCP may want you to have certain shots more often. Talk to your PCP about which shots you should have and when you should have them.

## Primary care

Primary care is general medical care and treatment provided by your PCP. It includes:

- Preventive health care services that catch a health problem early or prevent it from happening (e.g., mammograms (breast X-rays), Pap tests, immunizations (shots))
- Care for on-going, chronic conditions, like diabetes or asthma
- Prescriptions
- Referrals for specialty care
- Admission to the hospital, if needed

## Lab tests, X-rays and other procedures

Columbia Pacific pays for these services if your provider orders them.

## Hospital care

If you need care at a hospital, your PCP or specialist will arrange for your care.

## Family planning

A number of family planning services are covered by Columbia Pacific:

- Physical exams and birth control education
- Birth control supplies such as condoms, birth control pills, intrauterine devices (IUDs) and other long-acting contraceptives
- Emergency birth control (the “morning after” pill)
- Sterilization (tubal ligations and vasectomies)

Related services that are also covered include:

- Pap tests
- Pregnancy tests
- Screening and counseling for sexually transmitted diseases (STDs), including AIDS and HIV

## Hearing services

If you need hearing services, your PCP will make a referral. Columbia Pacific pays for hearing tests, hearing aids and batteries.

## Vision care

For basic vision care, call VSP at 800-877-7195. You do not need a PCP referral.

If you have an eye injury or infection, call your PCP. Your PCP may refer you to a specialist.

Eye exams for the purpose of checking on your medical condition (for example, people with diabetes) are covered. In this case, your PCP will tell you how often you should have a medical eye exam.

**Benefits for members who are age 20 or younger:**

- Eye exams and new glasses are covered with no limit only if they are medically necessary (for example, if you experience a change in your vision that requires new glasses). Medical necessity is decided by your PCP or other health care provider.
- Oregon Health Plan covers contact lenses only for a few conditions.

**Benefits for members who are over 20 and pregnant:**

- Eye exams and new glasses are covered every 24 months. Glasses are also covered within 120 days after cataract surgery or up to one year after corneal transplant.
- Oregon Health Plan covers contact lenses only for a few conditions.

**Benefits for members who are 21 or older and not pregnant:**

- Eye exams for prescribing glasses or contact lenses are ONLY covered when needed to treat medical conditions, such as an absent natural eye lens, synthetic eye lens replacement, thinning or “coning” of the eye lens, cataracts, and congenital cataracts.
- Glasses are covered within 120 days after cataract surgery or up to one year after corneal transplant.

To receive full dental and vision coverage, call OHP Customer Service if you become pregnant or are now pregnant but haven’t notified them yet.

You can contact OHP Customer Service at 800-699-9075. TTY/TDD is 711.

**Skilled nursing facility care**

Columbia Pacific will pay for care in a skilled nursing facility or nursing home for up to 20 days after you have been in the hospital. Additional skilled care may be covered by OHP.



### **Free rides to appointments**

Transportation is provided to Columbia Pacific members who have no other way to get to their medical, mental health or dentist appointments.

We work with a ride company that uses safe and reliable transportation providers to serve you. In some cases, if you have your own transportation, or if you have someone that can give you a ride, we can help pay for your gas so you can get to your appointment.

Please call to schedule your ride as far in advance of your appointment as possible. You can call up to 30 days in advance.

### **RideCare**

Local: 503-861-0657

Toll-free: 888-793-0439

TTY/Oregon Relay Service: 711

Hours of operation: 7:30 a.m.-6 p.m.,  
Monday-Friday

RideCare's call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day.

Call at least a day or two before your appointment and say that you have OHP.

### **Emergency medical transportation**

Columbia Pacific pays for ambulance transportation in emergencies for OHP members.

If you are not sure whether you need an ambulance, call your PCP, even after office hours – the on-call doctor can help you.

## Pharmacy and Prescription Drug Benefits

If you take prescription drugs, you will want to take a look at our drug list (formulary). The formulary is a list of drugs that we cover. Pharmacists and doctors decide which drugs should be in the formulary.

You can find the formulary and information on coverage limits and requirements on our website at [colpachealth.org/druglist](http://colpachealth.org/druglist).

If you have questions about the formulary or want us to mail a copy to you, call Customer Service.

We may add or remove drugs or change coverage requirements on drugs. If we remove a drug from the formulary or add restrictions to a drug that you are taking, we will tell you in advance.

### Prescription coverage limitations

These drugs are not covered:

- Drugs not listed in the formulary or drugs removed from the formulary
- Drugs used to treat conditions that are not covered by the Oregon Health Plan (examples are fibromyalgia, allergic rhinitis and acne)
- Drugs used for cosmetic purposes
- Drugs that are not approved by the U.S.

Food and Drug Administration (FDA) and/or drugs that have little or poor scientific evidence to support their use

- Drugs that are being studied and are not approved for your disease or condition. A drug may be approved by the FDA for use with one or more diseases or conditions, but not approved for other diseases or conditions.

### How to team with your pharmacist

Some drugs on the formulary have additional requirements or limits on coverage that may include:

- The use of generic drugs when available
- Prior authorization (pre-approval)
- Step therapy (trying other drugs first)
- Age restrictions
- Quantity limits

Columbia Pacific covers some over-the-counter (OTC) drugs such as aspirin. They are listed on the formulary. You must get a prescription from your provider and give it to a pharmacist before Columbia Pacific can pay for an OTC drug.

Drugs used to treat mental health conditions such as depression, anxiety and psychosis are covered directly by the Oregon Health Authority (OHA). These drugs are not listed on our formulary. Your pharmacist sends your prescription claim directly to OHA. You may have a copay for these drugs.



## Questions to ask your provider about prescriptions

Columbia Pacific providers are asked to prescribe medications that are on our formulary. Drugs that are not listed in the Columbia Pacific formulary are called “non-formulary drugs” and are not covered unless we make an exception.

**IMPORTANT:** *Each time you receive a new prescription, ask your provider if it is covered by Columbia Pacific and if it requires pre-approval or has limits.*

If we don't cover the specific drug, ask your provider if another drug on our formulary would work for you.

If your provider decides that the Columbia Pacific formulary does not have an acceptable choice or if the other drug requires pre-approval, ask your provider to contact us and fax a Formulary Exception or Prior Authorization Request form.

Generally, Columbia Pacific only approves exception requests if either of these statements is true:

1. Other drugs or a limited supply of the drug would work as well in treating your condition.
2. The other drug or supply would cause bad medical effects for you.

Our decisions for prior approval and formulary exception requests are based only on appropriate care and coverage limitations.

We may approve a two-month transition supply of a non-formulary or limited drug for a serious medical condition for members who were taking the drug before they became a Columbia Pacific member, or after their discharge from a hospital or nursing facility.

You or your provider may call Customer Service to ask for a transition supply. Talk to your provider as soon as possible about drugs that we cover, or to ask us for an exception.

## How to fill your prescriptions

Fill your prescriptions at any Columbia Pacific network pharmacy. Show your Columbia Pacific ID card and your Oregon Health ID card when you fill a prescription. You can find our network pharmacies in our online provider directory at [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory).

Most prescriptions are limited to a supply of 31 days or less. The earliest date you can get a refill is 23 days after you last filled your prescription.

We may approve an additional refill in the following situations:

- Your medication was lost or stolen
- You need extra medication because you are traveling
- You need extra medication because your dosage was changed
- You need an extra supply to keep at work or school

EXCEPTIONS: You may get up to a 90-day supply of the following drugs:

- Generic oral contraceptives (birth control pills)
- Children's multivitamins with fluoride and prenatal vitamins, folic acid, sodium fluoride
- Digoxin, furosemide, hydrochlorothiazide, atenolol, metoprolol, captopril, enalapril, lisinopril
- Levothyroxine
- Albuterol HFA inhalers and nebulizer solutions

If you have an urgent need for a drug that is not on the formulary or that has limits, we may approve up to a five-day emergency supply. You, your provider or your pharmacist can call Customer Service to request an emergency supply.

### Pharmacy network

Our pharmacy network includes many pharmacies across the state, even most of the national chains. If you need a prescription filled outside Oregon, call Customer Service to find out if there is a participating pharmacy near you.

If you ever use your own money to pay for a prescription, we may be able to refund your money. A refund is based on your benefit coverage and the limitations and exclusions of your plan.

To request a refund, you must fill out a Reimbursement Request Form and send it back to us. You can find this form in the "Member Forms" section on our website at [colpachealth.org](http://colpachealth.org), or, you may call Customer Service for help.





## Dental Health Care

We have four dental care plans that we partner with. You will be assigned to one of these four. They are:

- Advantage Dental Service (Clatsop, Columbia)
- Capitol Dental Care (Clatsop, Columbia)
- ODS (Clatsop, Columbia, Tillamook)
- Willamette Dental Group (Clatsop, Columbia, Tillamook)

You will find your dental plan assignment on your Columbia Pacific Member ID card. You can also find this information on the Coverage Letter that the state sends you.

Please make sure to show both your Columbia Pacific Member ID card and your Oregon Health ID Card each time you go to the dentist.

If you lose your Columbia Pacific Member ID Card, please call our Customer Service and request a new card.

### Changing dental plans

If you are assigned to a dental plan under Columbia Pacific and you would like to be assigned to another plan, please contact Customer Service at 855-722-8206. TTY users, please call 711.

### Getting started

Once you are assigned to a dental plan, you will need to choose a clinic or dental office as your Primary Care Dentist (PCD). Your PCD will work with you to take care of your dental needs. Call your PCD before getting any dental care.

To coordinate your dental care, your dentist will:

- Be your first contact when you need dental care, except in an emergency.
- Arrange for specialty dental care, if you need it.
- Keep your dental records in one place to give you better service.

### How to choose a Primary Care Dentist

You may choose a Primary Care Dentist (PCD) from your dental plan's provider directory, found on their website. Or you can call their customer service number and they will help you.

### Advantage Dental Service

Provider Directory

[http://www.advantagedentalservices.com/  
PatientPortal/directories/ProviderDirectory.  
aspx?ajax=true&din=433](http://www.advantagedentalservices.com/PatientPortal/directories/ProviderDirectory.aspx?ajax=true&din=433)

Customer Service

Toll-free: 866-268-9631

TTY: 711

### Capitol Dental Care

Provider Directory

[http://capitoldentalcare.com/members/  
find-a-dentist/](http://capitoldentalcare.com/members/find-a-dentist/)

Customer Service

Toll-free: 800-525-6800

TTY: 711

### ODS

Provider Directory

[https://www.modahealth.com/Provider  
Search/faces/webpages/home.xhtml](https://www.modahealth.com/ProviderSearch/faces/webpages/home.xhtml)

Customer Service

Toll-free: 800-342-0526

TTY: 503-243-3958 or 800-466-6313

### Willamette Dental Group

Provider Directory

[https://www.willamettedental.com/  
locations-oregon.htm](https://www.willamettedental.com/locations-oregon.htm)

Customer Service

Toll-free: 855-433-6825

TTY: 800-735-1232

### Changing your Primary Care Dentist

You may change your PCD two times every year. To choose a new dentist, use the provider directory for your assigned dental plan.

### Emergency and urgent dental care services

**IMPORTANT:** *Always contact your dentist before going to an urgent care center or an emergency room. Your dentist will be able to help you make the right choice for your dental problem. Urgent care centers and emergency rooms are only for very serious health problems.*

**Emergency dental care** is available any time of the day or night. An emergency is a serious problem that needs immediate care. It could be an injury or sudden severe condition. Some examples of emergency situations are:

- Bad infection
- Bad abscesses (an abscess is a blister on your gum tissue)
- Severe tooth pain (pain that does not stop when you take over-the-counter pain killers)
- A tooth that is knocked out



**Urgent dental care** is dental care that needs prompt, but not immediate treatment. Some examples of urgent situations are:

- A toothache
- Swollen gums
- A lost filling

Some dental services require prior authorization from your dental plan, but emergency or urgent dental care does not.

### **Local care for emergency and urgent dental care**

If you have a dentist who is your PCD, call them. If it is after hours, the answering service will forward your call to an on-call dentist, who will call you back. They will decide if you need to go to an emergency room, to an urgent care center or if you should make an appointment with your PCD for the next day.

If you do not have a dentist yet, simply call the dental customer service number on your ID card and they will assist you.

### **Out-of-area emergency and urgent dental care**

If you are traveling outside of our service area and have an emergency, first try to contact your dentist (same instructions as above). If you need emergency dental care out of the area, ask that dentist to send your dental plan a detailed bill and the chart notes describing the dental emergency.

**IMPORTANT:** *After you see a dentist for a dental emergency, please call your own dentist to arrange for further care if it is needed.*

### **Dental benefits and services**

There are two levels of dental benefits for Columbia Pacific members:

- For pregnant women and members under 21
- For all other adults

**IMPORTANT:** *Benefits may require prior approval and may have limits.*

Dental Benefits	For pregnant women and members under 21	For all other members
<p><b>Emergency Services</b></p> <p>Emergency Stabilization (in or out of your service area)</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Extreme pain or infection</li> <li>• Bleeding or swelling</li> <li>• Injuries to the teeth or gum</li> </ul>	Covered	Covered
<p><b>Preventive Services</b></p> <p>Exams</p> <p>Cleaning</p> <p>Fluoride treatment</p> <p>X-rays</p> <p>Sealants</p>	<p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Limited/15 yrs &amp; under only</p>	<p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Not covered</p>
<p><b>Restorative Services</b></p> <p>Fillings</p> <p>Partial dentures</p> <p>Complete dentures</p> <p>Crowns</p>	<p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Limited</p>	<p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Limited/stainless steel</p>
<p><b>Oral Surgery and Endodontics</b></p> <p>Extractions</p> <p>Root Canal Therapy</p>	<p>Covered</p> <p>Covered</p>	<p>Covered</p> <p>Limited</p>



### If you are pregnant

It is very important to see a dentist before you have your baby. Dental visits are safe during pregnancy. Having a healthy mouth before your baby is born may help your baby avoid cavities as they grow up. Please see the section below on how to make an appointment.

### How to make an appointment

Call your dentist during office hours. You can find the phone number in your health plan's provider directory or by calling Customer Service.

Tell the office you are a Columbia Pacific member and why you want to see a dentist.

Remember to take your Columbia Pacific Member ID card and your Oregon Health ID Card with you to the appointment.

If you need sign language or an interpreter at your appointment, be sure to tell the clinic staff when you make the appointment.

If you need assistance getting to your appointment, please refer to "Free rides to appointments," on page 23.

### Referrals to other dental providers and dental specialists

If you need to see a specialist or other provider, your PCD will refer you. Referrals are made on a case-by-case basis when your PCD feels it is necessary. Your dental plan must approve the referral before you go to your appointment.

**IMPORTANT:** *Going to a specialist without a referral from your dentist could result in you having to pay the bill. Always check with your dentist before getting dental services.*

See "When you may have to pay for services," on page 39 for more information.

## Mental Health Services

**IMPORTANT:** *You do not need a referral to get mental health services from a network provider.*

Mental health services are available to all OHP members. You can get help with depression, anxiety, family problems and difficult behaviors, to name a few. We cover a mental health assessment to find out what kind of help you need, case management, therapy, and care in a psychiatric hospital if you need it.

Mental health concerns may include:

- Depression
- Anxiety
- Schizophrenia
- Problems that result from physical or sexual abuse
- Bipolar disorder
- Attention Deficit Hyperactivity Disorder (ADHD)
- Problems resulting from drug or alcohol use
- Feelings of hopelessness
- Thoughts of hurting yourself or others

We offer:

- Outpatient therapy
- Case management
- Care coordination
- Medication management
- Children's services
- Intensive outpatient adult service
- Inpatient care when required

Mental Health treatment services may include:

- Assessment or evaluation to help decide what services you need
- Counseling or programs that help manage mental health conditions
- Programs to help with daily and community living
- Hospital care for mental illness
- Emergency services
- Medications needed to help manage mental health conditions
- Programs that teach life and social skills
- Skills training for parents and children

### Mental Health Prescriptions

Most medications that people take for mental illness are paid directly by the state. Please show your pharmacist your Oregon Health ID and your Columbia Pacific CCO ID cards. The pharmacy will know where to send the bill.

### Making appointments to see a mental health provider

You do not need a referral from your PCP to get mental health services.

You may call a mental health provider listed in our online provider directory at [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory).



## Specialty mental health services

You and your mental health professional may decide you need specialty mental health services. These services may require pre-approval and may include:

- Talking with a mental health specialist
- Special testing or evaluation
- A referral to a special treatment program or community-based service
- Intensive Community Based Services for children
- Case Management services for adults
- Residential care
- Intensive live-in care for children
- Care and help for families who need a break
- Services to help at-risk and homeless youth
- Psychiatry

If you think you need to see a specialist or other provider, make an appointment with your local mental health clinic.

## Mental health crisis

You do not need approval to call the crisis line or get emergency services. You can use those services whenever you feel you are having an emergency.

**A mental health crisis** means a person needs help quickly so the situation does not become an emergency.

**A mental health emergency** is a situation where your health or safety, or the safety of others, would be in serious danger if you did not get help immediately.

If you already have a provider, your provider's office will tell you how to reach them during a mental health crisis. If you are having a crisis, follow the plan made with your mental health professional. If you feel you need services immediately, call your provider's office and ask for an urgent appointment, contact the crisis line in your county or call 911.

### How to get help for a mental health crisis

**In Clatsop County:** call 503-325-5724 (TTY/TDD: 503-338-6511)

**In Columbia County:** call 503-397-5211 or 866-866-1426 (after hours) (TTY/TDD: 711)

**In Tillamook County:** call 503-842-8401 (TTY/TDD: 711)

**You can also call 911 if you are in crisis.**

Things to look for if you or someone you know is having a mental health crisis:

- You or a member of your family are considering suicide
- You or a member of your family are hearing voices to hurt yourself or another person

- You or a member of your family hurts other people, animals or property
- You or a member of your family has dangerous or highly disruptive behaviors in school, work, or with friends or with family, and the behaviors are new or not being addressed by a mental health provider
- You or a member of your family feels out of control

### Suicide prevention

One concern that may come with untreated mental illness is a risk of suicide. With appropriate treatment, your life can improve dramatically.

#### What are the most common warning signs?

As many as 80 percent of those thinking about suicide want others to be aware of their emotional pain and stop them from dying. A warning sign does not mean a person is going to attempt suicide, but it should be taken seriously. Suicide warning signs include:

- Acting anxious or agitated; behaving recklessly
- Displaying extreme mood swings
- Giving away prized possessions
- Increasing the use of alcohol or drugs
- Planning a way to kill oneself, such as buying a gun
- Preoccupation with death

- Talking about wanting to die or wanting to kill oneself
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Withdrawing or feeling isolated

#### ***Never keep talk of suicide a secret!***

If you want to talk with someone outside of Columbia Pacific, call any of the following:

- 1-800-SUICIDE (784-2433)
- Suicide Prevention Lifeline 800-273-TALK (8255), online at [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)
- The David Romprey Memorial Warmline at: 800-698-2392

#### **For youth suicide prevention:**

For more information, the Oregon Youth Suicide Prevention website is:  
<http://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/index.aspx>.

#### **For teen suicide prevention:**

For information on teen suicide prevention, the Oregon Suicide Prevention Resource Center website is: [sprc.org/states/oregon](http://sprc.org/states/oregon).





## Alcohol and drug treatment services (also called substance use disorder services)

**IMPORTANT:** *You do not need a referral to get outpatient alcohol or drug treatment services or detoxification services when you use providers from the Online Provider Directory.*

If you are in need of alcohol or drug treatment services, you can get information by talking to your PCP, an outpatient treatment provider or your local community mental health provider. You also can contact Customer Service to find out who can provide services. You may need pre-approval from us before we will cover some services.

The following services do not require pre-approval from us:

### **Outpatient office visits (allows you to stay in your community and receive services):**

- Outpatient counseling, assessments and screenings
- Group sessions
- Individual sessions
- Acupuncture

The following services require pre-approval from us:

### **Specialty outpatient services:**

- Medication Assisted Treatment (MAT), including methadone

### **Residential services:**

- Detoxification (withdrawal management)
- Residential treatment services

Each of the Community Mental Health Providers associated with Columbia Pacific provides outpatient services to both adolescents and adults.

See the Online Provider Directory for a list of providers. Go to [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory).

## If You Are Pregnant



It is very important for your health and your baby's health to get maternity care while you are pregnant.

Columbia Pacific covers:

- Prenatal care (care for you before your baby is born)
- Childbirth
- Postpartum care (care for you after your baby is born)
- Care for your newborn baby
- Nursing support and breast pumps
- Dental care for you and your baby
- Services to quit smoking

There may be other programs to help you when you are pregnant. To find out more, please call Customer Service.

### **As soon as you know you are pregnant:**

1. Call OHP Customer Service. This will ensure you don't lose OHP benefits while you are pregnant. OHP can also help you get additional services that you may need.
2. Call your PCP and make an appointment for prenatal care. If you prefer, you can pick your own obstetrician/prenatal care provider.

You can find a list of Columbia Pacific providers who can deliver your baby in our online provider directory on our web site at [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory).

### **As soon as possible, after your baby is born:**

- Call OHP Customer Service to enroll your baby in the OHP. This is not done automatically.
- If you received all your medical care from an obstetrician or prenatal care provider during your pregnancy, you need to choose a primary care provider (PCP) now. Call Customer Service to help you find a PCP near you.

### **Information for birth parents**

Oregon's **A Safe Place for Newborns** law allows a birth parent (mother or father) to leave a newborn infant at an authorized facility, such as a hospital, doctor's office during business hours, birthing clinic, police or fire station or sheriff's office.

**There are no legal penalties for making this choice if the baby is 30 days old or younger, is given to a staff person and shows no signs of abuse.**

If you need support, want to talk to someone about this decision, or need information on adoption, counseling or other social services, call 1-800-SAFENET (800-723-3638).



If you decide to take your baby to “a safe place for newborns” facility, you will not have to answer questions. You will be offered information and phone numbers for county child welfare offices. You will be asked to fill out a voluntary health questionnaire about the infant. You may leave at any time.

Babies receive medical attention if they need it. The staff person who accepts the baby contacts DHS, and the baby is placed in a temporary home.

If you change your mind, you can seek custody of the baby. A court hearing will be held on the first business day after the day the baby is left. There will be several court hearings after that date. Your ability to seek custody of the baby will depend on how quickly the court moves to end the parents’ rights.

**Online resources:**

Parent resources: <https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/SafeSurrender/Pages/index.aspx>

## Changing CCOs

When you have a problem getting the right care, please let us try to help you before changing CCOs. Just call Customer Service and ask for our Care Coordinator. If you still want to leave or change your CCO, call OHP Customer Service.

### How to change CCOs

If you want to change to a different CCO, call OHP Customer Service at 800-699-9075. There are several chances for you to change as long as another CCO in your service area is open for enrollment:

- If you move to a place that your CCO doesn't serve, you can change plans as soon as you tell OHP about the move.
- You can change CCOs each time the OHP finds that you meet the requirements. This is called "recertification" and usually happens about the same time once each year.
- If you are on Medicare, you can change or leave your CCO anytime.
- If you or a family member did not choose that CCO, you can change plans during the first 30 days after you enroll. Everyone in your family who is on OHP must change to the same plan.

- If you are new to OHP, you can change plans during the first 90 days after you enroll.

Reasons why you might choose to leave Columbia Pacific on your own include:

- If Columbia Pacific CCO does not, because of moral or religious objections, cover a service that you seek
- If you need related services (for example a cesarean section and a tubal ligation) to be performed at the same time, not all related services are available within the network, and your PCP determines that receiving the services separately would subject you to unnecessary risk.

Columbia Pacific may ask the OHA to remove you from our plan if you:

- are abusive to our staff or providers
- commit fraud, such as letting someone else use your health care benefits
- move out of our service area
- lose OHP eligibility



## Other Things You Should Know

### OHP members don't pay bills for covered services

When you schedule your first appointment with a provider, tell the scheduler that you are with Columbia Pacific or any other private medical insurance you may have. This will help the provider know who to bill.

If your health care provider sends you a bill, **don't pay it**. Instead, call our Customer Service right away, toll-free at 855-722-8206. TTY/TDD users can call 711.

Your medical provider can send you a bill only if all of the following are true:

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

These protections usually only apply if the medical provider knew or should have known you had OHP. Also, they only apply to providers who participate in the OHP program (but most providers do).

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

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

### When you may have to pay for services

Generally, with Columbia Pacific CCO, you will not have to pay any medical bills. However, there are a few exceptions.

You have to pay the provider if you:

- Receive services outside Oregon that are not emergencies or urgent care
- Choose to have services that the provider tells you are not covered by Columbia Pacific. In this case, the provider must tell you the cost of each service, and that you are responsible for paying for the service. The provider must also ask you to sign a written form stating that you were told this information, and that you knowingly and voluntarily agreed to pay for non-covered services.

**Please call Customer Service before you agree to pay a provider.**

### Members with both Medicaid and Medicare

Some people are eligible for both Medicaid (OHP) and Medicare. They are called “dual eligible” members. This could make billing complicated for your providers, and may make you confused if you receive bills. If you are a dual eligible member, please call Customer Service whenever you have a questions about bills.

### Native rights

American Indians and Alaska natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center. This is true whether you are in a CCO, prepaid health plan or OHP Fee-for-Service (open card).

These providers can be found in our online provider directory at [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory).

You can also see Native American providers that are not in our network. However, Native American providers that are not part of our network must follow the same rules as network providers. Only covered benefits will be paid.

If a service requires pre-authorization, they must request it before providing the service. A list of services that need prior authorization is posted on our website under the “Provider Forms and Policies” section.

If you have questions about your benefits under the American Recovery and Restoration Act, or if you need help understanding our pre-authorization rules, please feel free to contact either OHP Customer Service or Columbia Pacific CCO Customer Service for help.

### Outside the United States

Columbia Pacific will not cover any health services you get outside the United States, including Canada and Mexico.

### New technology

The OHP decides if new technologies and new uses of current technologies are included in your benefit package. If you have questions about whether or not a service is covered, please call Customer Service.

### Changing your address or phone number

If you move or change your phone number, let OHP Customer Service know. It is your responsibility to let OHP know about these changes within 30 days of the change. If you don't, you could lose your Columbia Pacific benefits. You have two options:

By telephone (toll-free): 800-699-9075, or TTY 711. This is the best way to reach OHP Customer Service.



By email: [oregonhealthplan.changes@dhsosha.state.or.us](mailto:oregonhealthplan.changes@dhsosha.state.or.us). Use the DHS/OHA secure email site at <https://secureemail.dhsosha.state.or.us/encrypt> to send your email to OHP. Include your full name, date of birth, Oregon Health ID number and phone number.

Also, you will need to tell your PCP clinic your new information. If you need a new PCP clinic after you move, please let us know. Our Customer Service staff will help you choose a new PCP.

### **End of life decisions and Advance Directives (living wills)**

Adults 18 years and older can make decisions about their own care, including refusing treatment. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. If you have written an Advance Directive, also called a living will, your providers may follow your instructions. If you don't have an Advance Directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will take the usual steps in treating your conditions.

If you don't want certain kinds of treatment, like a breathing machine or feeding tube, you can write that down in an Advance Directive. It lets you decide your care before you need that kind of care - in case you are unable to direct it yourself, such as if you are in a coma.

If you are awake and alert your providers will always listen to what you want.

You can get an Advance Directive form at most hospitals and from many providers. You also can find one online at [healthcare.oregon.gov/shiba/Documents/advance\\_directive\\_form.pdf](https://healthcare.oregon.gov/shiba/Documents/advance_directive_form.pdf).

If you write an Advance Directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them. Some providers and hospitals will not follow Advance Directives for religious or moral reasons. You should ask them about this.

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up, or write CANCELED in large letters, sign and date them.

If your provider does not follow your wishes in your Advance Directive, you can complain. A form for this is at [healthoregon.org/hcrqi](https://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](mailto:Mailbox.hcls@state.or.us)

Fax: 971-673-0556

Phone: 971-673-0540

TTY: 971-673-0372

For questions or more information contact Oregon Health Decisions at 800-422-4805 or 503-241-0744, TTY/TDD 711.

## Declaration for Mental Health Treatment

Oregon has a form called a **Declaration for Mental Health Treatment**. This form is a legal document. It allows you to make decisions now about future mental health care in case you are unable to make your own care decisions. If you do not have this form in place, and you are not able to make your own decisions, then only a court or two doctors can decide that you cannot make your own care decisions.

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

For more information on the **Declaration for Mental Health Treatment**, go to the state of Oregon's website at: [oregon.gov/oha/hsd/amh/forms/declaration.pdf](https://oregon.gov/oha/hsd/amh/forms/declaration.pdf). You can talk directly with your mental health provider, if you have one.

If your provider does not follow your wishes in your **Declaration for Mental Health Treatment**, you can complain. A form for this is at [healthoregon.org/hcrqi](https://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](mailto:Mailbox.hcls@state.or.us)  
Fax: 971-673-0556  
Phone: 971-673-0540  
TTY: 971-673-0372

## Provider incentives and reimbursement

You have the right to ask if Columbia Pacific has special financial arrangements with our providers that can affect the use of referrals and other services.

To find out, call our Customer Service Department and ask for information about our physician payment arrangements.

**IMPORTANT TO KNOW:** *The Columbia Pacific Care Management and Pharmacy units make authorization (payment) decisions about medical/surgical services, home health services, pharmacy and other benefits.*

Decisions are based only on appropriate care and coverage guidelines and rules. Columbia Pacific does not reward staff for denying prior authorization requests and does not use financial incentives that reward using less service.





## Complaints and Appeals

### How to make a complaint or grievance

If you are very unhappy with Columbia Pacific CCO, your health care services or your provider, you can complain or file a grievance. We will try to make things better. Just call Customer Service at 855-722-8206 (TTY 711), or send us a letter to the address on page 44. We must solve it and call or write you in five workdays.

If we can't solve it in five workdays, we will send you a letter to explain why. If we need more than 30 additional days to address your complaint, we will send you a letter within five workdays to explain why. We will not tell anyone about your complaint unless you ask us to. If we need even more time, we will send another letter within five days.

### Appeals and hearings

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

### How to appeal a decision

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

- Calling Customer Service at 855-722-8206 (TTY 711), or
- Writing us a letter
- Filling out an Appeal and Hearing Request, OHP form OHP 3302 or MSC 443

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

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

### If You Need a Fast Appeal

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular appeal, tell us that you need a

fast (expedited) appeal. We suggest that you include a statement from your provider or ask them to call us and explain why it is urgent. If we agree that it is urgent we will call you with a decision in three workdays.

### **Provider Appeals**

Your provider has a right to appeal for you when their physician's orders are denied by a plan. You must agree to this in writing.

### **How to get an administrative hearing**

After an appeal, you can ask for a state fair hearing with an Oregon Administrative Law Judge. You will have 120 days from the date on your Notice of Appeal Resolution (NOAR) to ask the state for a hearing. Your NOAR letter will have a form that you can send in. You can also ask us to send you an Appeal and Hearing Request form, or call OHP Client Services at 800-273-0557, TTY 711, and ask for form OHP 3302 or MSC 443.

At the hearing, you can tell the judge why you do not agree with our decision and why the services should be covered. You do not need a lawyer, but you can have one or someone else, like your doctor, with you. If you hire a lawyer you must pay their fees. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. Information on free Legal Aid can also be found at [oregonlawhelp.org](http://oregonlawhelp.org).

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

### **Expedited hearings for urgent medical problems**

If you believe your medical problem cannot wait for a review, ask Columbia Pacific or MAP for an expedited (fast) appeal or hearing.

For the quickest results, you may fax your appeal form to: Columbia Pacific CCO Appeals Coordinator at 503-416-8118

Or, you can mail your appeal form to:  
Columbia Pacific CCO  
Attn: Appeals and Grievances  
315 SW Fifth Ave  
Portland, OR 97204

Also, you may request an expedited (fast) hearing from MAP. Fax your hearing request form to: OHP Hearings Unit at 503-945-6035

Include a statement form (form OHP 3302 or MSC 443) to your provider explaining why it is urgent. If OHP agrees that it is urgent, the Hearings Unit will call you in three workdays.



**IMPORTANT TO KNOW:** *Appealing a decision will not affect continuation of service with Columbia Pacific. However, you may have to pay for services delivered during the appeal process if the decision to deny or limit the service is upheld.*

### **Dual-eligible members and appeal rights**

If you are enrolled in both Columbia Pacific and Medicare, you may have more appeal rights. Contact Customer Service for more information.

## **Notice of Privacy Practices**

A Notice of Privacy Practices describes how we use your personal health information. It

lists what we can and cannot do with your information and the laws in place that we must follow to keep your information secure.

The notice also tells you about your rights when it comes to your protected health information.

If you want a copy of our Notice of Privacy Practices, please call Customer Service and we will send you one.

## Frequently Asked Questions



**Q. Why was I assigned to a provider when I already have a doctor?**

A. Our system matches new members with PCPs given the area they live in. If you already see a PCP in our network, just give us a call. We're more than happy to update our records.

**Q. How do I change my primary care provider (PCP), my dentist or my mental health provider?**

A. To change your PCP, call Columbia Pacific Customer Service at 855-722-8206. We are happy to help you find a new PCP. To change your dentist or mental health provider, you'll need to call their customer service phone number(s) located on the back of your Columbia Pacific CCO ID Card.

**Q. I want to see a specialist. What should I do?**

A. If you and your PCP decide that you should see a specialist, your PCP will give you a referral. See the section "Referrals to other providers and direct access to specialists" on page 14 for more information.

**Q. I want to see a mental health specialist. What should I do?**

A. You do not need a referral from your PCP. You may contact a mental health provider listed in our online provider directory at [colpachealth.org/providerdirectory](http://colpachealth.org/providerdirectory) or call Customer Service for assistance.

**Q. I'm a new member. I need to refill a prescription for medication from my last insurance and get diabetes supplies. What should I do?**

A. Call Customer Service. You may be eligible for a transitional supply. Talk to your Columbia Pacific provider as soon as possible about medical supplies and/or drugs that we cover.

**Q. Does my plan cover vision services?**

A. Yes. OHP does cover some vision services. Please see "Vision care," on pages 21-22.

**Q. I am pregnant and would like to begin my prenatal care right away. How can I find an OB/GYN that will deliver my baby at the hospital I want?**

A. Contracted providers can be found using our online provider search on our website. You can call and ask which hospitals your OB/GYN works with. If you do not have internet access, or just prefer to call us for the information, we would be glad to help you.



**Q. I just moved, have a new baby or changed my name. Who do I call?**

A. Please call OHP Customer Service at 800-699-9075 and let them know what has changed. If you have a DHS caseworker, please call them instead of calling OHP. You can find more information in the section “Changing your address or phone number,” on page 40.

**Q. I’m a new member and would like to know if my medications are covered.**

A. Columbia Pacific maintains a list of covered drugs called a formulary. You can find it on our website at [colpachealth.org/druglist](http://colpachealth.org/druglist). Please talk with your doctor about the medications you need. Your doctor may need to submit a prior authorization or may need to make a change to a covered drug. (Columbia Pacific does not cover Mental Health drugs. Mental Health drugs are covered by the OHP. Your pharmacy will bill these medications to the OHP.) If you are a new member and are unable to fill a medication prescription, you may qualify for a transition supply. Please call us to find out if you qualify.

**Q. If I, or someone I care about, is considering suicide, who can help?**

A. Talk to someone right away. See “Mental health crisis/Suicide prevention” on pages 33-34 of this handbook for the appropriate phone numbers to call if you or someone you know are in crisis or considering suicide.

**Q. How can I be sure that I’ll be able to see who I want under the OHP and Columbia Pacific CCO?**

A. We have a large provider network of hospitals, as well as hundreds of providers and pharmacies in three counties: Clatsop, Columbia and Tillamook. We work with you to build a team – your providers, behavioral and mental health specialists, dentists, pharmacists and everyone at Columbia Pacific – and to get you high quality care to meet your needs.

**Q. I was in the hospital, and OHP paid for that, but now I am getting bills from other providers. What can I do?**

A. When you go to the hospital or the emergency room, you may be treated by a provider who doesn’t work for the hospital. For example, the emergency room doctors may have their own practice and provide services in the emergency room. They may send you a separate bill. If you have surgery in a hospital, there will be a separate bill for the hospital, the surgeon, and maybe even the lab, the radiologist, and the anesthesiologist. Just because the hospital has been paid by OHP, it doesn’t mean that the other providers were paid by OHP. Do not ignore bills from people who treated you in the hospital. If you get other bills, call each provider and ask them to bill your CCO. See the section “OHP members don’t pay bills for covered services,” on page 39 for more information.

**Q. When will I have to pay for medical services on OHP?**

A. You may have to pay for services:

- If you see a provider that does not take OHP or is not part of our provider network. Before you get medical care or go to a pharmacy, make sure that they are in our network
- If you weren't eligible for OHP when you received the service
- If you sign a detailed Agreement to Pay for that specific service that OHP doesn't cover before you receive it

Even if your service is covered by OHP, you may have to pay a copayment. You can't be denied services if you can't make your copayment, but you will still owe the money to your provider.

**Q. My doctor sent me a bill. What should I do?**

A. Don't pay the bill. See the section "OHP members don't pay bills for covered services," on page 39, for more information.

**Q. Where does the money come from to pay for my OHP benefits?**

A. OHP is paid for by federal and state taxes with the amount decided by Oregon lawmakers. In turn, funding is passed on to Columbia Pacific by the OHP, so that we may provide you with the care you need to stay healthy.

## Member Handbook Definitions

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

**Copay** – An amount of money that a person must pay out-of-pocket for each health service. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

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

**Emergency medical condition** – An illness or injury that needs care immediately, like bleeding that won't stop, severe pain and 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 (EMT) give care during the ride or flight.

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



**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** – ways to help keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age.

**Health insurance** – a program that pays for some or all of its members' health care costs. A company or government agency makes the rules for when and how much to pay.

**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 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 3 nights. Outpatient care is surgery or treatment you get in a hospital and then leave afterward.

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

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

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

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

**Physician services** – Services that you get from a doctor.

**Plan** – a medical, dental, mental health organization or CCO that pays for its members' health care 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** – is the cost of insurance.

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

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

**Primary care provider or Primary care physician** – Also referred to as a “PCP,” this 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.

**Provider** – Any person or agency that provides a health care service.

**Rehabilitation services** – special services to improve strength, function or behavior, 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 health care.

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

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









**Columbia Pacific CCO**

315 SW Fifth Ave  
Portland, OR 97204

Phone: 503-488-2822

Toll-free: 855-722-8206

TTY: 711

Text message: 503-488-2886

**[colpachealth.org](http://colpachealth.org)**

**[facebook.com/ColPacHealth](https://facebook.com/ColPacHealth)**