1867 Williams Highway, Suite 108
Grants Pass, Oregon 97527
541-471-4208 • 1-800-471-0304
TTY: 1-800-735-2900
8:00 a.m. to 5:00 p.m.

It is also available on our website
primaryhealthfamily.com

PrimaryHealth
Where we treat you like family!

2017 - 2018
MY OHP PHONE LIST

Use this page to write down names and phone numbers for easy reference.

Call your primary care provider and dentist first whenever you need care. They are your partners for good health.

My OHP health plans

CCO name: PrimaryHealth
Phone: 541-471-4208

Dental Plan: ____________________________
Phone: ____________________________

Mental Health Plan: Options for Southern Oregon
Phone: 541-476-2373

Crisis line (24 hours a day)
Phone: ____________________________

Other health coverage (if you have it)

Plan name: ______________________________________________
Phone: ____________________________

Plan name: ______________________________________________
Phone: ____________________________

My health care providers

Primary care provider: ____________________________________
Phone: ____________________________

Dentist: ________________________________________________
Phone: ____________________________

Mental Health provider: _________________________________
Phone: ____________________________

Pharmacy: ______________________________________________
Phone: 541-842-2062 (TTY: 771)
Or toll-free: 1-888-518-8160

OHP ride service: TransLink

Other health care providers

Name: ________________________________________________
Phone: ____________________________

Name: ________________________________________________
Phone: ____________________________

Name: ________________________________________________
Phone: ____________________________

Name: ________________________________________________
Phone: ____________________________

APPEAL AND HEARINGS FLOW CHART

Oregon Administrative Rules
These rules list how providers must work with OHA, CCOs, Plans and members to get paid for services to OHP members. You can find these rules at OHP.oregon.gov

- Oregon Health Plan (MCO and CCO) rules: 410-141-0000 – 410-141-3420

Appeal and Hearings Flow Chart
When a service is denied, CCO and health plan members can:
- Ask for an appeal first, then a hearing if the appeal upholds the denial; or
- Ask for an appeal and a hearing at the same time. OHP will wait until the appeal decision is made and hold the hearing if the appeal upholds the denial; or
- Choose not to ask for a hearing after the appeal.

The following chart shows the steps you need to take if you want to ask for an appeal, a hearing, or both an appeal and hearing:

Doctor requests authorization to provide specific service

CCO /Plan denies authorization request

CCO /Plan mails a Notice of Action to provider and client

Client request an appeal with CCO/Plan

Client request a Plan appeal and hearing with OHP

OHP waits for CCO/Plan decision before acting on hearing request

OHP holds hearing with administrative law judge

CCO/Plan conducts appeal

Hearing decision upholds denial

CCO/Plan notifies provider of approval

Doctor provides services and bills CCO/Plan

Hearing decision overturns denial

CCO/Plan notifies provider/client

Client requests hearing with OHP

CCO/Plan and client notified of

Doctor provides services and bills CCO/Plan

CCO/Plan and client notified of
Welcome To PrimaryHealth

If you need another language, large print, Braille, CD, tape or other format of this handbook, call Customer Service at 541-471-4208. The toll-free number is 1-800-471-0304. Our TTY/TDD number is 1-800-735-2900. It is also available on our website: primaryhealthfamily.com.


Thank you for choosing PrimaryHealth of Josephine County. PrimaryHealth works with the state of Oregon to provide health services to Oregon Health Plan (OHP) members. This member handbook gives important information about your OHP benefits. Please take time to read it and keep this copy to answer questions. If you need another copy, just let us know at any time.

PrimaryHealth brings together Oregon Health Management Services, Grants Pass Clinic, Siskiyou Community Health Center, Asante Three Rivers Medical Center, Options for Southern Oregon, ATRIO Health Plans, Advantage Dental, Capitol Dental, ODS Dental and Willamette Dental.

www.primaryhealthfamily.com
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Grants Pass Area: 541-471-4208 • Toll Free: 1-800-471-0304 • TTY/TTD: 1-800-735-2900
www.primaryhealthfamily.com
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What Is the Oregon Health Plan?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians’ health care. The State of Oregon and the US Government’s Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care, mental health services, help with addiction to cigarettes, alcohol and drugs, and free rides to covered health care services. OHP can provide hearing aids, medical equipment and home health care if you qualify.

OHP Supplemental is for children through age 20, and pregnant women. It covers glasses and additional dental care.

CAWEM (Citizen Alien Waived Emergency Medical) covers emergency services for non-US citizens who are not on OHP. CAWEM Plus also covers childbirth. Customer Service can tell you which benefits you qualify for.

OHP does not cover everything. A list of the diseases and conditions that are covered, called the Prioritized List of Health Services, is online at www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx. Other diseases and conditions usually are not covered by OHP. Those conditions could be covered if treating them will help a patient’s covered condition.

CCOs (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) wants people on OHP to have their health care managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the health care services they need.

Health services for OHP members not in managed care are paid directly 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, Alaska natives, people on both Medicare and OHP can be in a CCO, but can ask to change to FFS anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Client Services at 800-273-0557 can help you understand and choose the best way to receive your health care.
## Providers in Our CCO Network Serving Josephine County and Parts of Jackson and Douglas Counties

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Provider Name</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>Options for Southern Oregon</td>
<td>A full range of Mental Health Services for adults, children, and families. See pages 8 and 13 to find out more about the services offered by Options.</td>
</tr>
<tr>
<td>Primary Care</td>
<td>PrimaryHealth offers the choice of many Primary Care sites, such as:</td>
<td>Primary Care offers ongoing medical care for chronic conditions and illness, and services to keep you healthy like preventive screenings. See page 12 to learn more about the role of your PCP.</td>
</tr>
<tr>
<td></td>
<td>- Asante Physician Partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cascade West Primary Care</td>
<td></td>
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<tr>
<td></td>
<td>- Clear Creek Family Practice</td>
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<tr>
<td></td>
<td>- Grants Pass Clinic</td>
<td></td>
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<tr>
<td></td>
<td>- LaClinica</td>
<td></td>
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<tr>
<td></td>
<td>- Lisa Callahan Pediatrics</td>
<td></td>
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<tr>
<td></td>
<td>- Pediatrics, TLC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Siskiyou Community Health Center</td>
<td></td>
</tr>
<tr>
<td>Specialists</td>
<td>PrimaryHealth works with most local Jackson and Josephine County specialists, like:</td>
<td>Specialists work with your PCP to help treat and manage complex conditions, like chronic diseases and broken bones. For more information on specialists, see page 18.</td>
</tr>
<tr>
<td></td>
<td>- OB/GYN’s who provide women’s health services and pregnancy care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Doctors and health care providers specially trained to care for diabetes, heart conditions, or bones and joints</td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td>Hospital care is provided locally by:</td>
<td>Hospitals provide many services, such as planned surgeries, care for unplanned illness and accidents, and emergency care. See page 16 for more information about coverage of hospital services.</td>
</tr>
<tr>
<td></td>
<td>- Asante Three Rivers Medical Center</td>
<td></td>
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<tr>
<td></td>
<td>- Asante Rogue Regional Medical Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Providence Medford Medical Center</td>
<td></td>
</tr>
<tr>
<td>Health Plan</td>
<td>Oregon Health Management Services (OHMS)</td>
<td>Works on behalf of PrimaryHealth to process referrals, make payments for services, and coordinate your care with your doctor and health care team.</td>
</tr>
<tr>
<td>Public Health</td>
<td>Josephine County Public Health</td>
<td>Josephine county offers many services such as: immunizations, communicable disease screening and treatment, women’s health and family planning, WIC (Women, Infants and Children) services and breast feeding support.</td>
</tr>
<tr>
<td>Chemical Dependency Provider</td>
<td>Choices Counseling Center</td>
<td>Choices provides many types of treatment for people who are addicted to drugs and alcohol.</td>
</tr>
<tr>
<td>Dental Organizations</td>
<td>PrimaryHealth offers these four local dental groups.</td>
<td>A full range of dental services are offered.</td>
</tr>
<tr>
<td></td>
<td>- Advantage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Capitol</td>
<td></td>
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<tr>
<td></td>
<td>- ODS</td>
<td></td>
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<tr>
<td></td>
<td>- Willamette</td>
<td></td>
</tr>
</tbody>
</table>
How to Contact PrimaryHealth
If you need help reading or understanding this handbook or would like information on the operation of the CCO, call or visit the PrimaryHealth office and speak with Member Services.

PrimaryHealth office:
1867 Williams Highway
Suite 108
Grants Pass, OR 97527

Telephone: 541-471-4208 and 1-800-471-0304
Fax: 541-956-5460
TTY: 1-800-735-2900
Website: www.primaryhealthfamily.com

Business hours are 8 a.m. to 5 p.m., Monday through Friday, except for legal holidays. An answering service is available when the office is closed.

How to Get Involved With PrimaryHealth
PrimaryHealth has a Community Advisory Council. Its purpose is to advise and make recommendations to the CCO about member and community health needs. More than half the CAC members are on the Oregon Health Plan. This is so that consumers are able to take an active role in improving their own health and that of their family and community members. Other members are from government agencies and groups that provide OHP services.

The CAC advises the PrimaryHealth Board of Directors about how to help the CCO respond to members’ needs and plan for community health. The work of the CAC includes advocating for preventive care practices, advising on the CCO’s strategic plan and overseeing a Community Health Needs Assessment and Community Health Improvement Plan. These activities benefit everyone living in Josephine County, including people not on the Oregon Health Plan.

If you are interested in being a member of the Community Advisory Council, please call Member Services for an application.

Alternate Format
This member handbook is also available in other formats. Call Member Services if you need this handbook or other materials in any of the following formats:
- Another language
- Large print
- Braille
- Audio tape
- Computer disc

Interpreter Services
All members have a right to know about and use our programs and services. We provide this kind of help at no cost to you:
- 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 541-471-4208.

If You Are a New Member and You Need Services Now
Call PrimaryHealth Member Services if you are unable to see a Primary Care Provider (PCP) or Mental Health Provider during the first month you are on our plan and you need:
- Prescriptions
- Medical Supplies
- Other necessary items
- Services

When Do I Call PrimaryHealth?
PrimaryHealth is happy to help you with your questions. We want to be sure that you understand your benefits. Please call Member Services for help with any of the following:
- Services that are covered by the health plan
- How to choose a PCP for yourself and covered family members
- To arrange for help with complex medical or special needs through our Exceptional Needs Care Coordinators (ENCC)/Intensive Care Coordinators (ICC)
- If you need an interpreter for a medical, dental or mental health appointment
- If you need transportation to a medical, dental or mental health appointment
- If you have a complaint about our health plan or providers
- Anything else health-related
When Do I Call OHP or My Case Worker?

Call your case worker in these situations. If you don’t have a case worker, call OHP Customer Service at 800-699-9075:

- Have recently moved or had a name change
- Lose your Oregon Health ID card
- Learn you are pregnant, or have a new baby
- Have questions about DHS programs other than your health plan

Prioritized List of Health Services

OHP does not cover everything. A list of the diseases and conditions that are covered, called the Prioritized List of Health Services, is on the web at www.oregon.gov/oha/OHPR/pages/herc/current-prioritized-list.aspx.

The diseases and conditions below the “funded line” usually are not covered by OHP. Something “below the line” could be covered if the patient has an “above-the-line” condition that could get better if their below-the-line condition gets treated.

Quick Benefits Reference Chart

OHP normally covers services marked with an X, but limits may apply. OHP also covers more services and has more limitations than listed here. This chart is only a guide, and not an OHP policy.

If you have questions about what OHP pays for, contact PrimaryHealth Member Services at 541-471-4208 or TTY 1-800-735-2900. Some services covered by OHP are not provided by PrimaryHealth. Refer to page 9 of this member handbook for more information on OHP services that are not provided by PrimaryHealth.

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>OHP</th>
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<tr>
<td>Chemical dependency</td>
<td>X</td>
</tr>
<tr>
<td>Dental</td>
<td>X</td>
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<tr>
<td>Emergency/urgent hospital care</td>
<td>X</td>
</tr>
<tr>
<td>Hearing aids, hearing exams</td>
<td>X</td>
</tr>
<tr>
<td>Home health</td>
<td>X</td>
</tr>
<tr>
<td>Hospice care</td>
<td>X</td>
</tr>
<tr>
<td>Hospital care</td>
<td>X</td>
</tr>
<tr>
<td>Immunizations</td>
<td>X</td>
</tr>
<tr>
<td>Labor and delivery</td>
<td>X</td>
</tr>
<tr>
<td>Lab and X-ray</td>
<td>X</td>
</tr>
<tr>
<td>Medical equipment and supplies</td>
<td>X</td>
</tr>
<tr>
<td>Medical transportation</td>
<td>X</td>
</tr>
<tr>
<td>Mental health services</td>
<td>X</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>X</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>X</td>
</tr>
<tr>
<td>Physician care</td>
<td>X</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>X</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>X</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>X</td>
</tr>
<tr>
<td>Vision care</td>
<td>Limited</td>
</tr>
</tbody>
</table>
Medical Services
Services covered by OHP include:

- 24-hour emergency care, X-ray, and lab services
- Alcohol and Drug (chemical dependency) treatment
- Certain prescription drugs – call PrimaryHealth or your pharmacy to find out if a drug is covered
- Diabetes supplies and education
- Emergency ambulance services
- Exams or tests (laboratory or X-ray) to find out what is wrong, whether treatment for the condition is covered or not
- Family planning
- Hospice
- Labor, delivery, and newborn care
- Medical equipment and supplies ordered by your Primary Care Provider
- Medical eye health exams if you have an eye condition or injury (routine vision checkups and glasses are only covered for children up to age 20 and pregnant women)
- Preventive services to keep you healthy, like shots (immunizations)
- Some surgeries
- Specialist care and referrals (if your Primary Care Provider refers you)
- Stop-smoking programs
- Treatment for most diseases

Mental Health Services
Services to treat symptoms of a mental illness are covered. Covered services must be useful and meet standards of good practice. Covered mental health services include:

- Hospital care for a mental illness
- Ordering medication related to your mental health illness
- Programs that help you learn how to care for your mental illness
- Programs to help with daily and community living
- Programs that teach you how to live on your own
- Services to help you be sure you are taking your medications right
- Services needed in a mental health emergency

OHP Additional Services
In addition to the services listed above, OHP covers the following services (some limits will apply):

- Hearing evaluations, hearing aids and batteries
- Home health care
- Hospital stays
- Eye health services
- Physical, occupational and speech therapy
- Private duty nursing
- Vision tests and eyeglasses for children and pregnant women only
- Transportation to health care services

Some services have limits. Your provider and PrimaryHealth can help answer your questions about limited services. There are some services that are not covered even if treatment may be important. Your provider will tell you if a service is not covered, and what choices you have. If you get a health service that is not covered, you may have to pay the bill. If a provider sends you a bill, don’t pay it, call PrimaryHealth Member Service first.
Services Not Covered
OHP covers reasonable services for diagnosing a condition, including the office visit to find out what’s wrong. However, OHP may not cover follow-up visits if the condition or treatment is not one of the covered conditions on the Prioritized List of Health Services (see page 7). For example, OHP does not pay for the following services:

- Cosmetic surgeries and treatments that only improve the way you look
- Services to help you get pregnant
- Treatment for conditions that get better on their own (such as colds or flu)
- Treatment for conditions for which home treatment works (such as sprains, allergies, corns, calluses and some skin conditions)
- Treatments that are not generally effective
- Weight loss programs

Even though OHP does not pay for all services, sometimes a CCO like PrimaryHealth can cover them. Our goal is to keep your mind and body healthy. If there are changes to your health benefits we will send you information about those changes, 30 days before they go into effect or as soon as possible.

Flexible Services
PrimaryHealth has the option of providing Flexible Services to members who meet certain requirements. Flexible services are health-related services to improve care and member health. Some examples are:

- Training and education for health improvement
- Self-help or support group activities
- Items you need at home for healthy living
- More transportation services than OHP covers.
- Programs to improve the health of the community

If you have questions about Flexible Services, call Member Services.

Dental Services
Include the following:

- Preventive services (cleanings, fluoride treatments, sealants for children)
- Routine services (fillings, x-rays)
- Dental check-ups
- Tooth removal
- Dentures
- 24-hour emergency care
- Specialist care and referrals

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 on our plan.

Our health education programs include self-care, prevention, and disease self management. Please call Member Services at 541-471-4208 or TTY-1-800-735-2900.

Health, Wellness and Prevention
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.

PrimaryHealth wants to help you and your family stay well and live a healthy life. Preventive services are services that may keep you from getting sick, or look for and find diseases before they become serious. You can get preventive services to help you stay healthy.

Preventive services include regular check-ups with your doctor. Your doctor will know which screenings and other preventive services that are right for you. Talk to your PCP about when to schedule check-ups and other preventive screenings.

Examples of preventive services include:
- Immunizations for children and adults (but not for foreign travel or strictly employment-related purposes)
- Flu shots
- Routine adult physicals
- Well-child exams
- Colonoscopies
- Women’s exams including pap tests and mammograms

There are other things you can do that will help you maintain or improve your health.

Exercise
Regular exercise helps you be fit and stay healthy. It can help improve several medical conditions, such as heart disease and diabetes. It can also prevent new diseases, like bone loss (osteoporosis) and arthritis.

Diet and Nutrition
A healthy diet not only keeps you healthy, but it can lower many long-term health risks, such as obesity, heart disease, and diabetes.

Help to Stop Smoking
Quitting tobacco is an important step in improving your health.

PrimaryHealth wants to help our members quit tobacco. PrimaryHealth will pay for services to help you quit smoking or using chewing tobacco. This benefit includes pharmacy products (like nicotine patches and other prescribed drugs) and classes that can help you quit for good. Talk to your PCP or contact our Member Services for more information.

Information is available on our website.

You can also call the Oregon Tobacco Quit Line at 1-800-QUIT-NOW.

Mental Health and Prevention Education
Your community mental health program, Options for Southern Oregon, also has mental health and prevention education. Options provides information on treatment for maintaining your best mental health, good parenting, and dealing with loss and sadness. There are also classes on topics such as managing anger, stress and mental health problems. These classes are sometimes offered through Options. Call Options or PrimaryHealth to learn more.

Member Plan ID Card
Each member receives a PrimaryHealth medical ID card and welcome letter. Medical ID cards do not serve as IDs. This card is very important because it has important information for you and your provider. It also tells you who your PCP and Dental Organization is, their telephone number, and what to do in an emergency. You should present this card whenever you need medical, dental or mental health services.
The Oregon Health Authority
The Oregon Health Authority will send you an Oregon Health ID card when you join OHP. A different card will be issued for each member of your family. You must keep this card with you and show it to your doctor, dentist, the pharmacy, hospital and all medical providers. If you lose your Oregon Health ID card, call your Department of Human Services (DHS) worker. If you don’t have a DHS worker, call OHP Customer Service at 800-699-9075.

Exclusions (Services Not Covered)
Not all medical or mental health treatments are covered. When you think you need medical treatment, contact your PCP. When you think you need mental health care, you can contact your PCP or call Options directly. Contact your dentist or dental organization when you need dental care. If you have questions about covered or non-covered services, contact our Member Services Department.

Educational Materials
Your Primary Care Provider’s office and community mental health program have free information about health and prevention. This may include videos, brochures, audio tapes, and nurse counseling. We also support classes put on by the LivingWell with chronic conditions classes contact: livingwell@rv cog.org 541-423-1367 Fax: 541-664-7927, Rogue Valley Council of Governments, www.sohealthyoregon.org (Living Well website)

Your “Medical Home” Is Your PCP’s Office or Clinic
What Is a Patient-Centered Primary Care Home (PCPCH)?
We want you to get the best care possible. One way we try to do that is ask our providers to be recognized by the Oregon Health Authority (OHA) as a Patient-Centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely, and make sure all their medical and mental health needs are met. You can ask at your clinic or provider’s office if it is a PCPCH.
Your Primary Care Provider

Getting to know your PCP is important. When you join PrimaryHealth, you are automatically assigned a PCP. However, we will try to keep you with your current provider, if he or she is on our provider directory. We will send you a letter within two weeks of joining our health plan that tells you which PCP you are assigned to. You can also call the PrimaryHealth office to find out what PCP you have been assigned to. If you wish to choose a different PCP, contact PrimaryHealth.

PrimaryHealth PCP clinics are listed on the last several pages of this handbook. Some listed providers may not be taking new patients. Please contact PrimaryHealth for a current list of providers who are taking new patients.

It is important to see your new PCP right away. Do not wait until you are sick to receive care from your PCP. Your PCP is responsible for all treatment you receive, including:

- Preventive services
- Annual Health Exam
- Prescriptions for medications
- Referrals to specialists

Changing Primary Care Providers

If you want to change your PCP, call the PrimaryHealth Member Services. You can change your PCP if there is another provider in our network accepting new patients. You can change your PCP up to twice per year.

Here are some tips to help you have a good relationship with your PCP:

1. Schedule and keep your appointments with your assigned PCP. Your PCP is responsible for all treatment you receive, including referrals to specialists.
2. If you are a new patient to PrimaryHealth, call soon and schedule a check-up with your PCP. That way, your PCP can get to know you and help meet your specific health care needs. Remember – check-ups and health maintenance exams are routine care, and it may take several weeks to get an appointment. If you need urgent care, please tell your clinic.
3. Some clinics require that you contact your former medical office before your first visit and ask them to transfer your medical records to your new PCP. These records help to provide a complete picture of your health history and help your new PCP continue your medical care.

Making Appointments

Please call your PCP or mental health provider in advance for routine, non-emergency appointments. Call several weeks ahead of time for annual exams.

Remember, you are an important partner in your own health care

You can have a voice or sign language interpreter at your appointments if you want one. When you call for an appointment, tell your provider’s office that you need an interpreter and in which language. Interpreter services are free of charge.
Second Opinion
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.

Cancelling Appointments
Keeping your medical, mental health, and dental appointments is one of your responsibilities as a PrimaryHealth member. If you must cancel an appointment, please call your provider as soon as possible, at least 1 day before the scheduled appointment. Missed appointments take away time from other patients who also need to be seen.

Mental Health Services
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 mental health assessments to find out what kind of help you need, case management, therapy, and care in a psychiatric hospital if you need it.

Important: You do not need a referral to get mental health services from a network provider. Please see our Provider Directory for a list of network providers.

OHP members may also receive:

- Counseling
- Consultation with specialists
- Medication management
- Urgent and emergency care

AMHI and ISA Services for Mental Health Treatment
Aim High (AMHI) is a program to help adults in residential settings get better mental health care. It also helps adults with mental illness get more and better services in the community. The goal is to keep people healthy outside of the State Hospital.

Options for Southern Oregon is Josephine County’s Community Mental Health Program. A Community Mental Health Program will:

- Keep your records in one place to give you better service
- Provide access to mental health care 24-hours a day, seven days a week
- Be your first contact when you need mental health care
- Arrange for your specialty or psychiatric hospital care, when needed

To reach Options for Southern Oregon, call: 541-476-2373 or (TTY) 1-800-735-2900 or the Crisis Line at 541-474-5360

Appointments for Mental Health Services
Options for Southern Oregon will make your first appointment within two weeks of your call. If you cannot make it to your appointment, please tell them one or more days before your scheduled appointment. If you miss an appointment and forget to call, call as soon as you remember. If you miss too many appointments, you may be asked why this is happening. If you need help with child care or need a ride to your appointments, someone will work with you to find out what can be done to help you meet your need for services. It may be that services are no longer needed.

Selection of a mental health provider
After an evaluation is completed, you may help select a mental health provider who meets your treatment needs. Please let Options know if you have any concerns or preferences before a mental health provider is chosen for you. If you have a preference for a provider who has certain skills, training, or licensing, you may contact Options to get a list of providers within our network.
Changing your mental health provider or clinic
You may ask to change your mental health provider or clinic. Your current Community Mental Health Program will help you to choose another provider, and may ask why you want to change.

Mental Health Prescriptions
We don’t cover all prescriptions. Most medications that people take for mental illness are paid for by OHP “fee-for-service”. Please show your pharmacist your Oregon Health ID and your PrimaryHealth ID cards. The pharmacy will know where to send the bill.

Urgent Care
Always call your PCP’s office first about any health problems. Someone will be able to help you day and night, even on weekends and holidays. If you can’t reach your PCP’s office about an urgent problem or they can’t see you soon enough, you can go to Siskiyou Community Health Center’s walk-in clinic. Their hours are M-F 8 am-6 pm; after 5 pm requires an appointment. You can also go to Asante Urgent Care. Their hours are M-F 8 am-8 pm. Sat. and Sun. 9 am-6 pm.

Urgent problems are things like severe infections, sprains, and strong pain. If you don’t know how urgent the problem is, call your PCP.

If you have an urgent mental health condition after hours, call Options Mental Health Crisis services. This phone line is available 24 hours a day, seven days a week, including holidays. There is no cost to call. The phone number is 541-474-5360. If your condition is an emergency, call 911.

Emergencies and Crises
If you think you have a real emergency, call 911 or go to the Emergency Room (ER) at the nearest hospital. You don’t need permission to get care in an emergency. An emergency might be:

- chest pain
- trouble breathing
- bleeding that won’t stop
- broken bones
- a mental health emergency.

Please don’t use the ER for things that can be treated in your doctor’s office. Sometimes ERs have a long, uncomfortable wait and take hours to see a doctor. You should only go there when you have to.

Dental Emergency and Urgent Care
A dental “emergency” is dental care requiring immediate treatment. Examples of dental emergencies include:

- Severe tooth pain
- A tooth knocked out
- Serious infection

“Urgent” dental care is dental care requiring prompt but not immediate treatment. Examples of urgent conditions include:

- A toothache
- Swollen gums
- A lost filling

If you have a dental emergency or urgent care need, call your regular dentist.

You have access to care 24-hours a day, 7 days a week.

www.primaryhealthfamily.com
Mental Health Emergencies
A mental health emergency is feeling or acting out of control, or a situation that might harm you or someone else. Get help right away. Do not wait until there is real danger. Call the Crisis Hotline at 541-474-5360, or call 911, or go to the ER.

Declaration for Mental Health Treatment
Oregon has a form for stating your wishes for mental health care if you have a mental health crisis, or if for some reason you can’t make decisions about your mental treatment. This form is called the Declaration for Mental Health Treatment. You can complete it while you can understand and make decisions about your care. The Declaration for Mental Health treatment tells what kind of care you want if you ever need that kind of care but are unable to make your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your mental health treatment.

This form allows you to make choices about the kinds of care you want and do not want. It can be used to name an adult to make decisions about your care. The person you name must agree to speak for you and follow your wishes. If your wishes are not in writing, this person will decide what you would want.

A declaration form is only good for three (3) years. If you become unable to decide during those three (3) years, your 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 Provider 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: http://cms.oregon.gov/oha/amh/forms/declaration.pdf or the PrimaryHealth website.

If your provider does not follow your wishes as stated in your Declaration for Mental Health Treatment, you can complain. A form for this is at www.healthoregon.org/hcrql. Send your complaint to:

Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232
Email: Mailbox.hcls@state.or.us
Fax: 971-673-0556
Phone: 971-673-0540; TTY: 971-673-0372

Follow-up to Emergency or Urgent Care
After you are released from the emergency room, call your PCP as soon as possible and tell them where you were treated and why. Your provider will handle all your follow-up care and schedule another appointment, if needed. Follow-up care is not an emergency. You should call your PCP’s office and make an appointment for follow-up care if needed. Do not go to the emergency room for follow-up care. Routine care for sore throats, colds, flu, back pain, and tension headaches is not considered an emergency.

If your emergency was related to a mental health condition, call your mental health care provider as soon as possible to arrange for further care. Tell your mental health provider where you were treated and why. Your mental health provider will handle all your follow up care and schedule another appointment, if needed. If you do not already have a mental health provider, call Options at 541-476-2373, or 877- 457-1320; (TTY) 1-800-735-2900.

Post-stabilization care means covered services provided after an emergency and after your condition is stable enough to maintain or improve your condition. Post-stabilization care is different
than follow-up care. If you have been seen for an emergency and need additional covered services to make sure you keep getting better from this emergency until your PCP is available, these services will be covered. PrimaryHealth will pay for these kinds of post-stabilization services. Please remember: whenever possible, your PCP needs to provide this care to you.

If You Need Care Out-of-Town
If you get sick when you are away from home, call your PCP. If you need urgent care, find a local doctor who will see you right away. Ask that doctor to call your PCP to coordinate your care.

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 outside the US.

Care After an Emergency
Emergency care is covered until you are stable. Call your PCP or mental health provider for follow-up care. Follow-up care once you are stable is covered but not considered an emergency.

Hospital Care
Hospital care for PrimaryHealth members is primarily provided at:

Asante Rogue Regional Medical Center
2825 East Barnett Road
Medford, OR 97504
800-944-7073

Asante Three Rivers Medical Center
500 SW Ramsey Avenue
Grants Pass, OR 97527
541-472-7000

Providence Medford Medical Center
1111 Crater Lake Avenue
Medford, OR 97504
(541) 732-5000

If you need a special service that is not provided at the local hospital you will be referred to a different hospital.

When you need hospital care your PCP will arrange it for you. Most surgeries must be approved by PrimaryHealth ahead of time. The length of your hospital stay is decided by your PCP or the admitting doctor. PrimaryHealth will only pay for hospital care that is medically necessary.

Skilled Nursing Facility Care
If your doctor and PrimaryHealth determine it is medically necessary, Skilled Nursing Facility (SNF) care is covered by PrimaryHealth for up to 20 days following a stay in the hospital. Additional SNF care may be covered by Medicaid. If you have Medicare, Medicare may also pay for more days. Please call the PrimaryHealth Member Services department if you need help in arranging care or learning about this benefit.
Pregnancy Care
If you are pregnant or think you may be pregnant, see your PCP right away. Regular checkups are important for having a healthy baby. By keeping your regularly scheduled appointments, you can keep yourself and your baby healthy.

PrimaryHealth has OB/GYN specialists for your pregnancy care. You may see these specialists without a referral. You should not go out-of-town 30 days before the baby is due. Please talk to your OB/GYN specialist if you must travel near your due date. Your plan is only responsible for emergency care outside the service area. PrimaryHealth would cover the delivery and newborn checkup, but not prenatal care or follow-up care for mother and baby.

Newborn Enrollment
Your newborn child will be covered by PrimaryHealth. Please call PrimaryHealth as soon as possible (within two weeks of birth is best) to enroll your baby. Also call your Department of Human Services (DHS) case worker to enroll your new baby. If you don’t have a case worker, call OHP Customer Service at 800-699-9075. OHP benefits for newborns include well-baby care, immunizations, and circumcision. Circumcision is cutting off the foreskin of the penis. Regular checkups during a child’s first five years of life help your doctor see problems early, when treatment is more effective.

Maternity Case Management
PrimaryHealth has a special Maternity Case Management (MCM) program just for pregnant members. There is no cost to you. The purpose of the program is to help families and babies stay healthy. The program includes:

- Home visits from a registered nurse.
- Education and support for your pregnancy, including:
  - Information about your health benefits and those of your newborn
  - Community resources, like support groups and play groups
  - Dental health
  - Exercise
  - Labor and childbirth
  - Your baby’s growth
  - Common problems, like morning sickness
  - Nutrition
  - Pregnancy support and monitoring
  - Stress
  - Keeping your home safe
- Support after your baby is born, including:
  - Referral to community resources
  - Help with breast and bottle feeding
  - Postpartum depression
  - Caring for your newborn
  - Immunization information

In addition, PrimaryHealth rewards mothers who complete the program with a special gift. To participate in this program, contact the PrimaryHealth office.
Specialist Care
“Specialist care” is medical care by a specialist provider, such as a cardiologist for heart problems, endocrinologist for hormone problems, or orthopedist for bones and joints. Most specialists in Jackson and Josephine County are in the PrimaryHealth provider network. Please call PrimaryHealth to see if a specialist is in our network.

You can see a specialist 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 with a specialist who is a PrimaryHealth provider:

- Drug and alcohol (chemical dependency treatment
- Emergency services
- Family planning and birth control may be obtained from any provider who is contracted with the Oregon Health Authority and is licensed to perform these services.
- Mental health
- Prenatal or pregnancy care
- Routine women’s health care and preventive women’s health care services like an annual exam and pap test
- Help to stop smoking
- Chiropractic and acupuncture (evaluation visit only)

If you need to see a specialist for any other service, see your PCP first. If you and your PCP decide you should see a specialist, your PCP will refer you. You must be referred by your PCP to see a specialist for services not listed above. In some urgent cases, PrimaryHealth case managers can help you get a temporary referral to a specialist. This is done only when you need urgent specialist care and your PCP cannot refer you. Call PrimaryHealth Member Services if you need any help with referrals.

If you need mental health services from an agency or person who is not in the PrimaryHealth provider network, you must have those services approved. Options, your community mental health program, may be able to refer you to another provider. Please call Options at 541-476-2373 for more information.

Out-of-Network Providers
In most cases you must see a PrimaryHealth specialist or provider. If your PCP wants you to see a hospital or doctor that is not on the PrimaryHealth provider network, we will contact your PCP or mental health provider for information about what services are needed.

If the service is available from your providers, we will ask that you use a PrimaryHealth provider. If the service is not available from PrimaryHealth providers, PrimaryHealth will allow an out of network referral. Out of state referrals are only allowed when the service is not available in Oregon.

Community Health Workers (CHW)
There may be times when you need help getting the right care. Your primary care team has people specially trained to do this. These people are called Community Health Workers. Please call Member Services at 541-471-4208 or TTY 1-800-735-2900 for more information.

ENCC/ICC Exceptional Needs Care Coordinators/Intensive Care Coordinators
Intensive Care Coordinators (ICC) help members who have complex medical or special needs. You may ask for ENCC/ICC services if you have special medical, mental health, supply or equipment needs, or need more support services.

PrimaryHealth ENCC/ICC staff is also available to help any PrimaryHealth member with questions or concerns about their health care. If you have special needs, please call Member Services and ask to talk to the ENCC/ICC staff. PrimaryHealth wants to make sure your special needs are met.

Alcohol and Drug Treatment Services
Outpatient treatment of alcohol and drug (chemical) dependency services is part of the PrimaryHealth benefits. These services include education, office visits, intensive outpatient, detoxification and methadone services. You do not need a referral to
get drug and alcohol treatment. Family members also may receive counseling for alcohol and drug problems.

PrimaryHealth provides outpatient drug and alcohol treatment and counseling through:

**Choices Counseling Center**

109 NE Manzanita Avenue
Grants Pass, OR 97526
541-479-8847
TTY 1-800-735-2900

When you call Choices, they will make an appointment with you to talk about your condition and create a treatment plan. You may visit Choices on your own, without a referral. Your PCP may also suggest you visit Choices to find out if it can help you.

**Hearing Aid Services**

PrimaryHealth provides hearing aids and batteries. If you need hearing services, ask your PCP for a referral. If you already see a hearing specialist, please call our office so we can arrange for your care to continue.

**Other OHP-Covered Benefits**

Some benefits are covered by the OHP, but provided by other agencies. Some examples of services covered by OHP that are not provided by PrimaryHealth are:

- Physician assisted suicide under the Oregon Death with Dignity Act, ORS 127.800-127.897
- Therapeutic abortions
- Hospice services for members who live in a nursing facility
- Long term care services (ORS 414.631)
- Some school-based services that are covered services; reimbursed with the educational services program
- Administrative examinations (OAR 410-130-0230)
- Services provided to CAWEM, CAWEM plus CHIP prenatal

If you need help with services that are not covered by PrimaryHealth, and you are not sure who to call, you can call PrimaryHealth Member Services for assistance. Our staff will assist you in finding out who can help you. You can also refer to your PrimaryHealth ID card for information on how to contact your dental health plan.

**Getting a Ride**

If you need help getting to your appointments, please call Translink at 1-888-518-8160. People on OHP get help paying for rides to health care visits. Translink may also be able to reimburse you for the cost of going to appointments, including gas, meals and lodging. You will need to get approval before you go to your health care appointment. To get approval call 541-842-2060 or 1-888-518-8160 open Monday - Friday 7 am to 5 pm.

**Non-Emergent medical transportation is provided by:**

**TransLink**

Toll Free: 1-888-518-8160
Local: 541-842-2060
TTY: 711

If you need to schedule a ride through TransLink, call with as much advance notice as possible. Remember, if you cancel or change your appointment, call TransLink right away to cancel or change your ride.

**If You Have Medicare (Dual Eligibles)**

Some people have both OHP and Medicare health benefits. This is often called “dual eligible.” If you are dual eligible and chose ATRIO Advantage as your Medicare plan, PrimaryHealth will coordinate all of your Medicaid and Medicare services.

If you receive a Medicare Explanation of Benefits (EOB) denying any of your Medicare covered services, don’t be alarmed. Send your EOB to PrimaryHealth or call us at 541-471-4207 and tell us you got a bill.
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 or not you are in a CCO.

Provider Incentives
We do not pay or reward our providers for limiting services and referrals.

Vision Care
PrimaryHealth only provides routine vision services for pregnant women and children 0-20 years old. Children may receive an eye exam and glasses once a year. Examination and treatment for eye disease and injury is covered by OHP for all members.

What Are the Children’s Intensive Mental Health Services?
The Children’s Intensive Mental Health Services were developed to bridge the gap between traditional outpatient services and the need for more intensive service for children with serious emotional disorder or who have trouble in their environment. Services may include:

• Care coordination
• Case management
• Crisis
• Family support
• Individual, group and family therapy
• Prevention/intervention
• Psychiatric services
• Skills training
• Respite
• Team-driven service coordination

What are CASII and ECSII?
The Child and Adolescent Service Intensity Instrument (CASII) and the Early Childhood Service Intensity Instrument (ECSII) are screening tools. They are used with a comprehensive mental health assessment to help find out the type and level of mental health services a child may need.

Who may be eligible?
The Children's Intensive Mental Health Services may be available to children and adolescents who meet some or all of the following criteria:

• Eligible for the OHP
• Age 17 or younger
• Have an OHP-covered mental health diagnosis
• Have had Child and Adolescent Service Intensity Instrument (CASII) or Early Childhood Service Intensity Instrument (ECSII) screening
• Current, serious functional impairment in multiple areas (e.g., home, school, peer relationships)
• Service needs that require the involvement of multiple partners (Child Welfare, Education, Juvenile Justice or Oregon Youth Authority)

Who can refer a child?
Anyone! Child welfare case workers, juvenile justice counselors, school personnel, medical and mental health provider and family members can refer a child. If you feel that a child may be eligible for these services, contact the Children’s Intensive Mental Health Services Coordinator at Options for Southern Oregon for more information.

How to Make a Complaint or Grievance
If you are very unhappy with PrimaryHealth, your health care services or your provider, you can complain or file a grievance. We will try to make things better. Just call Member Services at 541-471-4208 or 1-800-471-0304, or TTY 1-800-735-2900, or send us a letter to the address on page 6. We will call or write back in a week to let you know that we are working on it.

We will also send you a letter within 30 days explaining how we will address your complaint. We will not tell anyone about your complaint unless you ask us to.
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. The letter will explain how to appeal (ask us to change our decision). You have a right to ask to change it through an appeal, a state fair hearing, or both. You must ask no more than 45 days from the date on the Notice of Action letter.

Provider Appeals

Your provider has a right to appeal for you when their physician’s orders are denied by a CCO.

How to Appeal a Decision

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

- writing us a letter
- calling Member Services at 541-471-4208 or 1-800-471-0304, or TTY 1-800-735-2900.
- filling out an Appeal and Hearing Request, form number 3302

If you want help, call and we can fill out an appeal form for you to sign. If you have a case manager, you can ask them for 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. 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 3 workdays.

How to get an Administrative Hearing

You can have a state fair hearing with an Oregon Administrative Law Judge. You will have 45 days from the date on your Notice of Action or Notice of Appeal Resolution to ask the state for a hearing. Your Notice of Action letter will have an Appeal and Hearing Request 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 800-273-0777, TTY 711, to ask for an Appeal and Hearing Request form number 3302.

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 www.oregonlawhelp.org.

A hearing often 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 decision to stop it. You must ask us to continue the service within 10 days of getting the Notice of Action that stopped it. If you continue the service and the judge agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the original Notice of Action.
Fast (Expedited) Hearing
If you and your provider believe that you have an urgent medical problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Appeal and Hearing Request form to the OHP Medical Hearings Unit. We suggest that you include a statement from your doctor explaining why it is urgent. You should get a decision in 3 work days. The Hearings Unit fax number is 503-945-6035.

Disenrollment
When you have a problem getting the right care, please let us try to help you before changing CCOs. Just call Member Service at 541-471-4208 (TTY 1-800-735-2900) and ask for one of our Exceptional Needs Care Coordinators or Intensive Care Managers. A CCO may ask the Oregon Health Authority (OHA) to remove you from it if you:

- are abusive to CCO staff or your providers
- commit fraud, such as letting someone else use your health care benefits

How to Change CCOs
If you want to change to a different CCO, call your DHS case worker. If you don’t have a worker, call OHP Customer Service at 800-699-9075. There are several chances for you to change as long as another CCO is open for enrollment:

- If you or a family member do not want the CCO you’ve been assigned to, you can change during the first 30 days after you enroll.
- If you are new to OHP, you can change CCOs during the first 90 days after you enroll.
- If you move to a place that your CCO doesn’t serve, you can change CCOs as soon as you tell your case worker or OHP Customer Service about the move.
- You can change CCOs each time OHP or your case worker finds that you meet the requirements for OHP. This is called recertification and usually happens about the same time once each year.
- If you are on Medicare, are Native American or an Alaska native, you can change or leave your CCO anytime.

If you want open-card OHP instead of managed care
OHP wants you to get managed health care from a CCO like PrimaryHealth of Josephine County. CCOs can provide some services that OHP can’t. But you can change to fee-for-service OHP at any time if:

- you are an American Indian or Alaska Native
- you are also on Medicare in addition to OHP

If You Move
If you move to a different address after you join the OHP, tell your Department of Human Services (DHS) worker right away. They will help you change your address so that you will continue to receive your benefits. They will also help you change to another CCO in the area where you now live, if necessary. If you don’t have a DHS worker, please call OHP Customer Service at 800-699-9075. If you don’t report a change, you may have a hard time getting medical, mental health, and dental care for you and your family. Routine health care must be provided by your PCP until you have changed to a new plan.

Pharmacy/Prescription Drug Benefits
Many prescription drugs are covered by PrimaryHealth. PrimaryHealth does not charge any copays (the amount the insured person would pay) for medications. Prescription drugs treating covered conditions are a benefit under the OHP. Not all medications are covered under the PrimaryHealth drug coverage plan. Please contact the PrimaryHealth office if you have any questions about prescription medications or if you need help getting a drug not covered by PrimaryHealth, or if you need prior approval.
PrimaryHealth Medication List (the “Formulary”)

PrimaryHealth has a list of medications (called the “formulary”) that are covered by PrimaryHealth. Call us or visit our website: www.primaryhealthfamily.com if you would like a copy of our current list. Listed medications are used because they are effective in treating your condition and cost less. PrimaryHealth may add or remove drugs or change coverage requirements on drugs. If we remove a drug from the list or add restrictions to a drug that you are taking, we will tell you in advance. PrimaryHealth does not pay for drugs that are not on our list, or drugs that have been removed from our list. If your doctor orders a medication for you that is not on the PrimaryHealth list, we will ask your doctor to choose a medication from the list. Contact your PCP to talk about your choices. If your PCP thinks there is a reason that a listed drug is not safe or effective for you, PrimaryHealth may give you an exception.

Common medications that are not covered include:

- Drugs to help you get pregnant
- Medications treating conditions that are not covered by the OHP, like:
  - Acne or other cosmetic purposes
  - Erectile dysfunction
  - Seasonal allergies
- Medications not proven to be effective
- Experimental or investigational medications and medications that are not approved by the Food & Drug Administration (FDA) to treat your condition
- Medications prescribed for weight loss or the treatment of obesity (including, but not limited to amphetamines)
- Stolen, lost, spilled or destroyed prescription medications

Over-The-Counter Medications

PrimaryHealth pays for over-the-counter medications that are on our list, such as aspirin, if your doctor has written you a prescription for the drug.

Mental Health Prescriptions

We don’t cover all prescriptions. Most medications that people take for mental illness are paid for by OHP “fee-for-service”. Please show your pharmacist your Oregon Health ID and PrimaryHealth ID cards. The pharmacy will know where to send the bill.

Pharmacy Network

You may use any pharmacy of your choice that will accept your PrimaryHealth Medical ID card. Be prepared to show your Oregon Health ID card. PrimaryHealth has arrangements with most of the pharmacies in the Josephine County area.

If you are out of the area and need a prescription filled, go to the nearest “chain” pharmacy, for example: Bi-Mart, Rite-Aid, Safeway or Walmart.

Pharmacy Network

Call PrimaryHealth if you have any questions about which pharmacy you may use. The pharmacist may need special approval by PrimaryHealth to fill some medications.

You may receive up to a 31-day supply of a drug you take regularly. The earliest day you can get a refill is 26 days after you last filled your prescription. This is the normal amount for such a prescription. Prescriptions are filled with generic drugs whenever possible.

Other Drug Coverage Restrictions

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

- The use of generic drugs, when available
- Prior approval by PrimaryHealth
- Step therapy – trying different, cheaper drugs first
- Age restrictions
- Quantity limits
PrimaryHealth decisions for prior approval and medication list exceptions are based only on appropriate care and coverage. PrimaryHealth staff is not rewarded for denying requests and do not use financial incentives that reward denying services.

PrimaryHealth may approve a 30-day transition supply of an unlisted medication for a chronic medical condition for members who were taking the drug before they became a PrimaryHealth member or after discharge from a hospital or nursing facility. You or your doctor can contact PrimaryHealth to ask for help with coverage of a transition medication.

If you also have Medicare
This information is for any member of your household who has Medicare and Medicaid (OHP) coverage. Their drug benefit is called Medicare Part D. Medicare requires co-payments for Part D drug coverage. Most of the plans that provide a drug benefit will charge a co-payment from $1 to $6.50. PrimaryHealth will continue to pay for all other covered health services.

Prescription Drug Assistance-Oregon Prescription Drug Program
The Oregon Prescription Drug Program can help reduce the costs of prescriptions that are not covered by your OHP benefit package. This program is available to all Oregonians. To enroll by phone, call 1-800-913-4146 or visit the Oregon Prescription Drug website at: www.oregon.gov/OHA/pharmacy/OPDP/pages/applicationpage.aspx#What_is_O PDP

Patient Assistance Program (PAP)
You may be able to get a drug that isn’t covered for free from the company that makes it. Visit the website of the company that makes your prescription drug for information on their PAP.

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Durable Medical Equipment (DME)
Many pharmacies and suppliers provide medical equipment for PrimaryHealth. PrimaryHealth also provides some medical equipment directly from our office. Some of these items, such as adult diapers, can be shipped right to your home. Other items will need to be picked up at our office. If you need items, such as diabetes testing supplies, incontinence supplies, or ostomy equipment, ask your doctor or PrimaryHealth where to get this equipment. We will give you information about the available choices for each type of equipment.

Not all supplies are covered under OHP. If you have questions or concerns about medical equipment, feel free to contact PrimaryHealth and our staff will be happy to help you.

Billing Information
OHP members don’t pay bills for covered services. 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)
   - The form showed the estimated cost of the service
   - The form said that OHP does not cover the service
   - The form said you agree to pay the bill yourself

Grants Pass Area: 541-471-4208 • Toll Free: 1-800-471-0304 • TTY/TTD: 1-800-735-2900
www.primaryhealthfamily.com
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). Please give your providers all insurance information including private health insurance so the office can correctly bill PrimaryHealth.

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 providers 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.

**What should I do if I get a bill?**

Even if you don’t have to pay, **DO NOT IGNORE MEDICAL BILLS** call us right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem once that happens. As soon as you get a bill for a service that you received while you were on OHP, you should:

1. Call the provider. Tell them that you were on OHP, and ask them to bill your CCO.
2. Call Member Services at 541-471-4208 or TTY 1-800-735-2900 right away and say that a provider is billing you for an OHP service. We will help you get the bill cleared up. Do not wait until you get more bills.
3. You can appeal by sending your provider and us a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.

5. If you receive court papers, call us right away. You may also call an attorney or Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

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

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. You should follow steps 1-5 above for each bill you get.

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

- You may have to pay for services that are covered by OHP 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.
- You will have to pay for services if you weren’t eligible for OHP when you received the service.
- You will have to pay for services not covered by OHP if you sign a detailed Agreement to Pay for that specific service before you receive it.
- Even if your service is covered by OHP, you may have to pay a co-payment. You can’t be denied services if you can’t make your co-payment, but you will still owe the money to your provider.
- You may have to pay for services if you did not let your provider know of your OHP coverage or that you are enrolled in PrimaryHealth.
End-of-Life Decision 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. You can write down the treatments you want and don’t want in a form called Advance Directive. If you have not written an Advance Directive, also called a Living Will, 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 condition.

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: [http://cms.oregon.gov/dcbs/shiba/docs/advance_directive_form.pdf](http://cms.oregon.gov/dcbs/shiba/docs/advance_directive_form.pdf) or on the PrimaryHealth website.

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. For questions or more information, contact Oregon Health Decisions at 1-800-422-4805 or 1-503-241-0744, TTY 711.

If your provider does not follow your wishes as stated in your Advance Directive, you can complain. A form for this is at [www.healthoregon.org/hcrql](http://www.healthoregon.org/hcrql). Send your complaint to:

Health Care Regulation and Quality Improvement
800 NE Oregon St, #465
Portland, OR 97232
Email: Mailbox.hcls@state.or.us
Fax: 971-673-0556
Phone: 971-673-0540; TTY: 971-673-0372

Resources for Consumers and Family Members

Mental Health Peer-Run Drop-In Centers or Clubhouses

Jackson and Josephine counties have either a Drop-In center or a Clubhouse for adult consumers. These programs are where our members can hang out with their peers and participate in activities with their peers. Many of the Drop-In Centers and Clubhouses also offer other programs like groups, peer support, educational programs, vocational programs and meals. For information on Peer-run drop-in centers, please call Member Services.

Your Records are Private

We only share your records with people who need them for treatment and payment reasons. You can limit who sees your records. If there is someone you don’t want to see your records, please tell us in writing. You can ask us for a list of everyone we have shared your records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality. We have a paper called Notice of Privacy Policy that explains in detail how we use our members’ personal information. It is included below.
Notice of Privacy Policy

This notice describes how health information about you may be used and disclosed or shared and how you can get access to this information. Please review it carefully. If you need help understanding this notice, call PrimaryHealth at 541-471-4208 or toll-free at 1-800-471-0304. TTY/TDD users should call 1-800-735-2900. Ask to speak to a Member Services Representative.

How PrimaryHealth Follows This Notice: This notice describes how PrimaryHealth uses and discloses (gives out) your health information. PrimaryHealth is required by law to maintain the privacy of member health information, provide you with this notice and notify affected individuals following a breach of unsecured protected health information (PHI). This notice tells you about our legal duties and how we protect your privacy. We are required to follow the rules shown here.

Our Promise to You Regarding Your Health Information

We keep records about PrimaryHealth members so we have accurate information about how we provide you with services. PrimaryHealth staff understands that your health information is personal, and we protect it.

PrimaryHealth informs members of our policies and procedures about the collection, use and disclosure of members’ PHI including:

- PrimaryHealth’s routine use and disclosure of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written and electronic PHI across the organization
- Protection of information disclosed to plan sponsors or employees

Privacy and security laws in Oregon and the United States require PrimaryHealth to protect your PHI. Only people who need your PHI for health care operations, coordinating your care and other reasons explained below are allowed to see your PHI.

Because PHI may be spoken (oral), written (on paper) or electronic (stored in a computer), PrimaryHealth has many ways to keep it safe. We use methods such as cabinet locks for paper records, and passwords, encryption and firewalls for our computer systems. Paper and film records that are no longer needed are shredded or destroyed in such a way that your PHI cannot be read or reconstructed. Electronic information is cleared, purged or destroyed so that PHI cannot be retrieved.

In some situations, federal and state laws may provide special protections for specific kinds of health information and may require authorization from you before we can disclose that specially protected PHI. Examples of PHI that is sometimes specially protected include PHI involving mental health, HIV/AIDS, reproductive health or chemical dependency. We may refuse to disclose the specially protected PHI or we may contact you for the necessary authorization.

How We May Use and Disclose Your Health Information

The following categories describe different ways that we use and disclose PHI.

- For health care operations. We may use your PHI for health care operations. That means we use your PHI to operate the business of being a health plan and provide services to you. Some of those ways are listed below.

- For treatment and coordination of your care. We use your information to manage your health care and facilitate medical treatment or services by providers. This means that we may talk with your provider, pharmacist and/or other clinics,
agencies or facilities about providing services to you. We might also send your provider or pharmacist a report with your name on it that shows him or her certain information about his or her patients. For example, we might send a provider a report that lists all of the provider’s patients who were seen in a hospital emergency room during the past month.

We may use your PHI to make sure that you are seeing the correct provider for your health issues and that you are receiving appropriate care and treatment. After-hours help for unassigned members may be provided by another agency that we contract with to provide those services. When it provides services to our members, information may be shared for coordination of care.

Health-Related Benefits and Services

- **For payment.**
  We may use your PHI so that the treatment, equipment or medications you were given at your provider’s office, a clinic, the hospital, a pharmacy or another facility can be paid for. For example, your provider may send us information about a simple surgery that you had at a clinic so that he/she can be paid for taking care of you. We would look at that information so we can pay the provider correctly.

- **Quality improvement.**
  We use health information for quality improvement to make sure that all PrimaryHealth members get high-quality health care. For example, we might give information about you to a company so it can mail you a survey about the health care you received. We would use the information you give us to help your providers with any changes they need to make to improve quality of care.

- **Planning.**
  We use PHI to make sure we are offering the right kinds of health services. For example, we may look at your PHI and PHI of other PrimaryHealth members to see if we should offer different or additional services to members.

- **Treatment alternatives.**
  We may use your PHI to tell you about services in which you might be interested. You may send PrimaryHealth a written request telling us not to send you that type of information. We might give your PHI to your provider or pharmacist if we contact him or her about using other treatments or medications for you than those you are receiving now.

- **Research.**
  We may use your PHI or let a person use your PHI for a research project under certain limited circumstances. However, most of the information PrimaryHealth uses for research does not include your name or any other information that could identify you.

Special Situations

- **Public health activities.**
  We may use PHI and disclose it to public health authorities or authorized persons to carry out certain activities related to public health, for example:
  - To prevent or control disease, injury or disability;
  - To report disease, injury, birth or death;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration (FDA) or other activities related to quality, safety or effectiveness of FDA-regulated products or activities;
• To notify persons of recalls of products they may be using; or
• To notify a person who may have been exposed to a communicable disease, in order to control who may be at risk of contracting or spreading the disease.

• Health oversight activities.
We may disclose PHI to agencies that monitor the health care system and government health programs, so the agencies can make sure civil rights or privacy laws are being followed. For example, we might give out information to report fraud and abuse to appropriate authorities.

• Law enforcement.
We may be required to disclose PHI to law enforcement officials under certain conditions.

• Lawsuits and other legal proceedings.
We may use or disclose PHI when required by a court or administrative order. We may also disclose PHI in response to subpoenas, discovery requests or other required legal process.

For example, a judge may require us to:
• Obey a court order, subpoena, warrant or summons that asks for health information; or
• Respond to emergencies.

• As required by law.
We give out your PHI if we are required to do so by state, federal, county or city laws.

• National security and intelligence activities.
We may give out your PHI if the law requires us to do so for intelligence or other national security activities.

• Business associates.
We may share PHI with other parties called “business associates” who help us with providing services to you. We are required to sign contracts with these business associates that require them to protect PHI.

• Incidental disclosures.
Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible, so long as we implement safeguards to avoid such disclosures, and we limit the PHI exposed through these incidental disclosures.

• Inmates.
If you are an inmate of a jail or prison or are in the custody of a police officer, we can give your PHI to that jail or officer to provide you health care, to protect your health or the health of someone else, or for jail safety.

• Other Uses and Disclosures of PHI Require Your Authorization.
All other uses and disclosures of PHI about you will be made only with your written authorization. We will not use or disclose your PHI without your authorization related to: (i) uses and disclosures for marketing purposes; (ii) uses and disclosures that constitute a sale of PHI; (iii) most uses and disclosures of psychotherapy notes; and (iv) other uses and disclosures not described in this notice. If you have authorized us to use or disclose PHI about you, you may later revoke your authorization at any time, except to the extent we have already taken action based on the authorization.

Your Rights Regarding Health Information About You

• Right to inspect and copy your records.
You and your legal representatives have the right to review and obtain a copy of your PrimaryHealth PHI and health plan records. Health plan records have information about eligibility, enrollment, payment, benefits, services and case management that is used by PrimaryHealth to make decisions about a person’s eligibility or benefits. Usually, this information is billing records and some PHI that we get from providers, clinics and hospitals when they request payment. Copies of your PHI may be obtained in an electronic or paper format, depending on your request, if the PHI is readably producible in such form and format. If not, copies
will be provided in an alternative readable hard or electronic copy as agreed to by us and you. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

To see your records and get a photocopy, you must send PrimaryHealth a letter. The address is PrimaryHealth, 1867 Williams Hwy, Suite 108, Grants Pass, OR 97527. Someone can write the letter for you, but you must sign it.

- **Right to ask us to change to your records.**
  If you think that any PHI in your records is wrong or something is missing, you may ask us to change or amend your PHI. You must send us a letter that states what you want to change and why.

  We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request. If we do not make the change, we will tell you how to ask us to review that decision.

- **Right to a list of people we sent your PHI to.**
  You may ask us for a list of people to whom we have given your PHI. This is a list of disclosures made by us during a specified period of up to six years, but these do not include disclosures made: for treatment, payment and health care operations; to family members or friends involved in your care; to you directly; if approved by you or your personal representative; for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); as incidental disclosures that occur as a result of otherwise permitted disclosures; as part of a limited data set of information that does not directly identify you; and disclosures made before April 14, 2003. You must send us a letter asking us to give you the list. Someone can write the letter for you, but you must sign it.

- **Right to ask for restrictions.**
  You may ask us to restrict how we give out your PHI. You have the right to request a restriction or limitation on your PHI that we may use for payment and health care operations. You may also ask us not to release your PHI to a health plan for payment or health care operations if the PHI relates to a health care item or service for which the provider has been paid in full out of pocket.

  You may ask for limits on how we use your PHI. For example, to ask us to release your PHI only to your spouse, child or parent, you must complete these steps:

  1. Send PrimaryHealth a letter that asks us to restrict how we use your PHI.
  2. Tell us which information you want to restrict and how you want us to limit disclosures.
  3. Tell us to whom you want the limits to apply.

  We are not required to do what you ask. If we don’t agree, we will send you a letter telling you that. If that happens, you may send us a letter and ask that the Medical Director consider your request again.

- **Disclosure of PHI to family and friends.**
  We may disclose PHI to a family member, relative or friend—or anyone else you designate—as long as you are present prior to the use or disclosure and you agree or do not object. If you are not present (or you are incapacitated or in an emergency situation), we may determine that the disclosure of your PHI to a family member, relative or friend is in your best interests using our professional judgment and our experience with common practice. In these cases we will only disclose the PHI that is directly relevant to the person’s involvement in your health care or payment related to your health care.

- **Right to request confidential communications.**
  You may make reasonable requests that we contact you about medical issues in a certain way or at a certain place. For example, you could ask us to contact you only at work or only by mail. To do that, you must send us a letter asking us to contact you only in the way you want. Our address is 1867 Williams Hwy, Suite 108., Grants Pass, OR 97527. Also, we may leave
messages for you at your home, requesting that you call us back, reminding you about appointments or providing information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, we may call to welcome you to our plan. If you are away, we may leave a message letting you know we called and either leave a number for you to call us back or let you know that we will call you again. If you do not want us to leave phone messages on your voice mail or with anyone who answers the phone when you are away, you must tell us either orally or in writing. You can send your written request to the address above, or call 541-471-4208 or toll-free 1-800-471-0304 and ask to speak to a Member Service Representative. TTY/TDD users can call 1-800-735-2900.

- **Right to a paper copy of this notice.**
  You have the right to receive a copy of this privacy notice at any time. You can ask us to send you a copy of the notice in an e-mail. To request a copy, call 541-471-4208 or toll-free 1-800-471-0304 and ask to speak to a Customer Service Representative. TTY/TDD users can call 1-800-735-2900.

**Changes to This Notice**

We reserve the right to change this notice of privacy practices. If we change the notice, the changes would apply to information we already have about you. The changes would also apply to information we receive in the future. If we make several major changes to this notice, we will make it available to you.

**How to File a Privacy Complaint or Report a Privacy Problem**

If you think your privacy rights are not being maintained, mail a letter of complaint to Compliance Officer, PrimaryHealth of Josephine County, 1867 Williams Hwy, Suite 108, Grants Pass, OR 97527

Or, you may contact the agencies listed below to file a privacy complaint. You may also contact them to report a problem with how PrimaryHealth has used or disclosed your PHI. **IMPORTANT:** Your benefits will not be affected by any complaints you make. PrimaryHealth cannot hold it against you if you file a complaint.

**Office for Civil Rights**

**Other Uses of Medical Information**

There may be other uses of your PHI that are not shown in this notice. If we want to use your information for those reasons, we would ask you to give us your written permission to do that. If you give us permission to use or give out your health information, you can change your mind at any time and ask PrimaryHealth to stop using or giving out your PHI. If you do that, you understand that we are not able to take back any information that we already gave out. We are required to keep copies of our records about you.

If you give us written authorization to use or disclose specific information about vocational rehabilitation, HIV/AIDS, mental health, developmental disability, genetic testing or alcohol/drug abuse treatment, the authorization must clearly describe the information that may be disclosed and the purpose.

We must obtain your specific written authorization each time before we disclose PHI about vocational rehabilitation, HIV/AIDS, mental health, developmental disability, genetic testing or alcohol/drug abuse treatment.
For More Information on This Notice of Privacy Practices
If you have any questions or concerns about this notice, contact our Compliance Officer at 541-471-4208 or 1-800-471-0304. TTY/TDD users can call 1-800-735-2900.

How to Contact PrimaryHealth For Privacy Concerns
If you have any complaints or questions about this Notice or you want to submit a complaint or written request to PrimaryHealth as required in any of the previous sections of this Notice, please contact:

PrimaryHealth HIPAA Privacy Officer
1867 Williams Hwy, Suite 108
Grants Pass, OR 97527
Telephone: 541-471-4208
Toll Free: 800-471-0304
TTY: 800-735-2900

Unfair Treatment
If you think PrimaryHealth or a provider gave unfair treatment, please tell us. We must follow state and federal civil laws. We cannot treat people unfairly because of:

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

To report a concern or get more information, please contact PrimaryHealth at 541-471-4208

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: http://www.hhs.gov/
Email to: OCRComplaint@hhs.gov
Phone: 1-800-868-1019, TTY 1-800-537-7697 (TDD)
Mail to:
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg
Washington, D.C. 20201

Discrimination Rights
OHP members have the right to file a complaint if someone has been unfair to you because of your race, color, national origin, religion, sex, sexual orientation, marital status, age, or disability. If you feel any of these rights have been violated, you can file a written complaint with PrimaryHealth or the Bureau of Labor and Industries.

PrimaryHealth of Josephine County
1867 Williams Hwy, Suite 108
Grants Pass, OR 97527
541-471-4208

Bureau of Labor and Industries
3865 Wolverine St. NE Bldg. E-1
Salem, OR 97305
503-378-3292

Ombudsperson
Ombudsperson is a public official who acts as an impartial intermediary between the people and agencies. The ombudsperson in Oregon is at:
500 Summer St NE
Salem, Oregon 97301
Fax 503-947-2341
Toll-free 1-877-642-0450 (TTY 711)
When you turn 65 – Applying for Medicare

The year you turn 65 you should receive information about applying for Medicare. It is important that you apply for Medicare and that you let us know, so we can help you use your coverage in the best way. Oregon’s Aging and People with Disabilities (APD) office helps people learn about Medicare and OHP benefits. You may get a letter or phone call from the local APD or Area Agency on Aging (AAA) office asking if you need help to make these choices.

You may also call the Aging and Disability Resource Connection (ADRC) at 1-855-673-2372 to get your local APD or AAA office phone number. You can call and ask for “choice counseling”.

You can also call the Senior Health Insurance Benefits Assistance (SHIBA) line at 1-800-722-4134.

If you have Medicare and OHP, please remember: PrimaryHealth will still cover mental and dental health. Your OHP benefits do not include drugs that are covered by Medicare part D. If you are eligible for Medicare Part D but choose not to enroll, you will have to pay for drugs that Medicare Part D would cover if you had it. Show all Medicare and Medicaid ID cards at your provider visits. These include your Medicare ID, Oregon Health ID, Medicare Advantage ID, CCO/Pan ID, Medigap card and Medicare Part D plan card.

Cost sharing requirements for Medicare Members: Different, mandatory copayments of $1 to 6.50 apply to Medicare Part D drugs. PrimaryHealth does not pay Medicare Premiums, deductibles or copayments for Medicare Part D plans or services.

Fraud, Waste and Abuse

This is a serious problem that requires your attention. Information can be found on the PrimaryHealth website. This is where to report Fraud, Waste and Abuse. Mail:

**Dept of Justice Medicaid Fraud Control Unit (MFCU)**
100 SW Market St.
Portland, OR 97201
971-673-1880

**OHA/DHS Provider Audit Unit**
PO Box 14152
3406 Cherry Ave., NE
Salem, OR 97309-9965
888-372-8301
F: 503-378-2577

Changes in State Law

When a change in Oregon law affects your OHP coverage, written material from PrimaryHealth will explain that change no later than 90 days after it goes into effect.
Your OHP Client Rights and Responsibilities

As an OHP client, you will be...

- Treated with respect and dignity, 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 held down 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 cigarettes, 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
- 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 1-503-947-2346 or toll free 1-877-642-0450

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 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 your case worker or OHP Customer Service at 800-699-9075 when you move, are pregnant or no longer pregnant
# PRIMARY CARE PROVIDERS

People with hearing impairments can call these providers using TTY 1-800-735-2900. Please contact PrimaryHealth for a list of providers that are accepting new patients. For a complete provider list with more detailed information, call Member Services.

<table>
<thead>
<tr>
<th>Clinic Name, Location and Phone Number</th>
<th>Hours of Operation</th>
<th>Handicap Accessible</th>
<th>Non-English Languages Spoken</th>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asante Physician Partners&lt;br&gt; 700 SW Ramsey Ave., Suite 101&lt;br&gt; Grants Pass, OR 97527&lt;br&gt; 541-507-2080</td>
<td>M-F 8 am-5 pm&lt;br&gt; Sat 8 am-noon</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Asante Urgent Care&lt;br&gt; 537 Union Ave. · Grants Pass, OR 97527&lt;br&gt; 541-507-2170</td>
<td>M-F 8 am-5 pm&lt;br&gt; Sat-Sun 9 am-6 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Cascade West Primary Care&lt;br&gt; 201 NE Savage St. · Grants Pass, OR 97526&lt;br&gt; 541-787-4360</td>
<td>M-F 8:30 am-5 pm</td>
<td>Yes</td>
<td>Spanish Interpreter service is available</td>
<td>Adult Nurse Practitioner</td>
</tr>
<tr>
<td>Clear Creek Family Practice&lt;br&gt; 18173 Redwood Hwy. · Selma, OR 97538&lt;br&gt; 541-597-2464</td>
<td>Mon, Tues, Thurs, Fri 8:30 am-5 pm</td>
<td>Yes</td>
<td>Spanish Interpreter service is available</td>
<td>Family Practice</td>
</tr>
<tr>
<td>Grants Pass Clinic&lt;br&gt; 495 Ramsey Ave. · Grants Pass, OR 97527&lt;br&gt; 541-476-6644</td>
<td>M-F 8:30 am-5 pm</td>
<td>Yes</td>
<td>Spanish Interpreter service is available</td>
<td>Family Practice Internal Medicine Pediatrics Lab X-ray</td>
</tr>
<tr>
<td>Lisa Callahan Pediatrics&lt;br&gt; 1601 NE 6th St. · Grants Pass, OR 97526&lt;br&gt; 541-472-0021</td>
<td>M-F 8:30 am-5 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Primary Care</td>
</tr>
<tr>
<td>La Clinica (four locations in Jackson County to serve you)&lt;br&gt; 3617 S. Pacific Hwy. · Medford, OR 97501&lt;br&gt; 541-535-6239</td>
<td>M-F 8 am-6:30 pm&lt;br&gt; Sat 8 am-4:30 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Primary Care Lab</td>
</tr>
<tr>
<td>Options Hillside Medical Center&lt;br&gt; 1545 Harbeck Road · Grants Pass, OR 97527&lt;br&gt; 541-476-2373</td>
<td>M-F 8 am-5 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Pediatric, TLC&lt;br&gt; 1825 SW Nebraska Ave. · Grants Pass, OR 97527&lt;br&gt; 541-479-2411</td>
<td>M-F 8 am-5 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Certified Pediatric Nurse Practitioner</td>
</tr>
<tr>
<td>Siskiyou Community Health Center&lt;br&gt; Grants Pass&lt;br&gt; 1701 NW Hawthorne Ave. · Grants Pass, OR 97526&lt;br&gt; 541-472-4777</td>
<td>M-F 8:30 am-5 pm</td>
<td>Yes</td>
<td>Spanish Interpreter service is available</td>
<td>Primary Care Mental Health Lab Pharmacy</td>
</tr>
<tr>
<td>Siskiyou Community Health Center&lt;br&gt; Cave Junction&lt;br&gt; 25647 Redwood Hwy. · Cave Junction, OR 97523&lt;br&gt; 541-472-4777</td>
<td>M-F 8 am-5 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>PrimaryCare MentalHealth Lab Pharmacy</td>
</tr>
<tr>
<td>Siskiyou Walk-in Clinic&lt;br&gt; 1701 NW Hawthorne Ave. · Grants Pass, OR 97526&lt;br&gt; 541-472-4777</td>
<td>M-F 8 am-6 pm&lt;br&gt; Sat. 9 am-1 pm</td>
<td>Yes</td>
<td>Interpreter service is available</td>
<td>Urgent Care</td>
</tr>
</tbody>
</table>
COMMUNITY MENTAL HEALTH PROGRAMS
People with hearing impairments can call these providers using TTY 1-800-735-2900

<table>
<thead>
<tr>
<th>County</th>
<th>Organization/Address</th>
<th>Phone Numbers</th>
<th>Language Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josephine</td>
<td>Options for Southern Oregon ** Child/Teen Services 1181 Ramsey Avenue Grants Pass, OR 97527 ** Adult Services 1541 Harbeck Road Grants Pass, OR 97527 <a href="http://www.optionsonline.org">www.optionsonline.org</a></td>
<td>541-476-2373 Crisis Line TTY: 1-800-735-2900 541-474-5360</td>
<td>• Spanish • Interpretation Services Available as needed</td>
</tr>
</tbody>
</table>

DENTAL CARE ORGANIZATION
Please call your dental organization to find a dentist or change to another dentist. The phone number is on your PrimaryHealth ID card.

<table>
<thead>
<tr>
<th>DCO</th>
<th>Member Services Phone Number and Regular Hours</th>
<th>Address</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantage Dental Services LLC</td>
<td>866-268-9631 541-504-3901 TTY: 866-268-9617 8 am-5 pm Mon-Thurs 8 am-3 pm Friday</td>
<td>442 SW Umatilla Ave. Suite 200 Redmond, OR 97756</td>
<td><a href="http://www.AdvantageDentalServices.com">www.AdvantageDentalServices.com</a></td>
</tr>
<tr>
<td>Capitol Dental Care, Inc.</td>
<td>800-525-6800 503-585-5205 TTY: 800-735-2900 7 am-7 pm M-F</td>
<td>3000 Market St. NE Suite 228 Salem, OR 97301</td>
<td><a href="http://www.capitoldentalcare.com">www.capitoldentalcare.com</a></td>
</tr>
<tr>
<td>Willamette Dental Group</td>
<td>855-433-6825, Opt 3 800-461-8994 TTY: 800-735-1232 8 am-5 pm M-F</td>
<td>6950 NE Campus Way Hillsboro, OR 97124</td>
<td><a href="http://www.willamettedental.com">www.willamettedental.com</a></td>
</tr>
</tbody>
</table>
MEMBER HANDBOOK DEFINITIONS

1. **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.

2. **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.

3. **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.

4. **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.

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

6. **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.

7. **Emergency services** – care that improves or stabilizes serious medical or mental health conditions.

8. **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.

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

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

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

12. **Hearing** – Asking the state to have an administrative law judge change your plan’s decision and cover something your provider ordered.

13. **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.

14. **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.

15. **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 that your doctor doesn’t think will need you to stay overnight in a hospital.

16. **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.
17. **Network** – The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

18. **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).

19. **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.

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

21. **Plan** – a medical, dental, mental health organization or CCO that pays for its members’ health care services.

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

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

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

25. **Primary care dentist** – A dentist who takes care of your teeth and gums.

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

27. **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.

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

29. **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.
MY OHP PHONE LIST

Use this page to write down names and phone numbers for easy reference.

Call your primary care provider and dentist first whenever you need care. They are your partners for good health.

My OHP health plans

- CCO name: PrimaryHealth  Phone: 541-471-4208
- Dental Plan: ___________________________________________ Phone: _____________________________
- Mental Health Plan: Options for Southern Oregon  Phone: 541-476-2373
- Crisis line (24 hours a day)  Phone: _____________________________

Other health coverage (if you have it)

- Plan name: _______________________________________________ Phone: _____________________________
- Plan name: _______________________________________________ Phone: _____________________________
- Plan name: _______________________________________________ Phone: _____________________________
- Plan name: _______________________________________________ Phone: _____________________________

My health care providers

- Primary care provider: ____________________________________ Phone: _____________________________
- Dental: __________________________________________________ Phone: _____________________________
- Mental Health provider: ___________________________________ Phone: _____________________________
- Pharmacy: ________________________________________________ Phone: _____________________________
- OHP ride service: TransLink  Phone: 541-842-2062 (TTY: 771)
  Or toll-free: 1-888-518-8160

Other health care providers

- Name: ___________________________________________ Phone: _____________________________
- Name: ___________________________________________ Phone: _____________________________
- Name: ___________________________________________ Phone: _____________________________
- Name: ___________________________________________ Phone: _____________________________

APPEAL AND HEARINGS FLOW CHART

Oregon Administrative Rules
These rules list how providers must work with OHA, CCOs, Plans and members to get paid for services to OHP members. You can find these rules at OHP.oregon.gov
- Oregon Health Plan (MCO and CCO) rules: 410-141-0000 – 410-141-3420

Appeal and Hearings Flow Chart
When a service is denied, CCO and health plan members can:
- Ask for an appeal first, then a hearing if the appeal upholds the denial; or
- Ask for an appeal and a hearing at the same time. OHP will wait until the appeal decision is made and hold the hearing if the appeal upholds the denial; or
- Choose not to ask for a hearing after the appeal.

The following chart shows the steps you need to take if you want to ask for an appeal, a hearing, or both an appeal and hearing:

- Doctor requests authorization to provide specific service
- CCO /Plan denies authorization request
- CCO /Plan mails a Notice of Action to provider and client
- CCO/Plan conducts appeal
- Hearing decision overturns denial
- CCO/Plan notifies provider of approval
- Doctor provides services and bills CCO/Plan
- Hearing decision upholds denial
- CCO/Plan notifies provider/client
- Client requests hearing with OHP
- CCO/Plan conducts appeal
- Hearing decision upholds denial
- CCO/Plan and client notified of
- Hearing decision overturns denial
- CCO/Plan and client notified of
- CCO/Plan
- OHP holds hearing with administrative law judge
- Client requests a Plan appeal and hearing with OHP
- OHP waits for CCO/Plan decision before acting on hearing request