



Oregon Health Plan
**Open Card
Member
Handbook**



2024





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About your health care coverage

The Oregon Health Authority (also known as OHA) is the state agency responsible for increasing people’s access to health care in Oregon.

OHA administers the Oregon Health Plan (OHP), which provides health care coverage.

Some people with OHP receive health care services through the OHP Open Card and a Coordinated Care Organization (CCO), a network of health care providers who work together to provide comprehensive care to members.

When you first enroll in OHP, you are assigned to Open Card. Many members then enroll with a CCO, but in some instances, they stay enrolled on Open Card.

Members’ care is coordinated and paid for by Open Card, a CCO, or a combination of both ([page 11](#)). Open Card and each CCO has a list of accepted providers. If you seek services not covered by Open Card—or if you choose a non-network provider—you will have to pay out-of-pocket.

To learn more about Open Card providers, visit ohpcc.acentra.com or call **1-800-562-4620**.

For more information about CCOs, visit oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx.

You will also find more word definitions on [page 49](#) of this handbook.

For a summary of OHP benefits and coverage, please visit OHP.Oregon.gov/Benefits. You can get a paper or electronic copy of the summary by calling **800-273-0057**.

Throughout the handbook, you will see that we refer to the following terms in this way:

Oregon Health Authority	OHA
Oregon Health Plan	OHP
Coordinated Care Organization	CCO



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Welcome to Oregon Health Plan (OHP) Open Card

Dear Member,

This handbook will help you understand your benefits and rights as an Oregon Health Plan (OHP) Open Card member. Some recipients of this handbook may have coordinated care organization (CCO) coverage for some of their health services, such as behavioral and dental services; you will get information about those from the CCO.

You will learn how to get physical, vision, dental and behavioral health services that are covered by OHP Open Card. We are with you along the way to help you get the quality care you need.

You can also find information about:

- What to do when you need emergency care ([page 31](#))
- Programs and services for children
- How to schedule a ride to appointments ([page 38](#))

Throughout this handbook — and in the Glossary section on [page 49](#) — we explain some of the words and other terms used in describing your coverage benefits.

If you want help with Open Card or Oregon Health Plan (OHP) in general, contact Client Services at **800-273-0557** (all relay calls accepted), 8 a.m. to 5 p.m. Monday through Friday.
[Online Request Form](#): OHP.Oregon.gov/CSU

Welcome to Open Card!



About Open Card



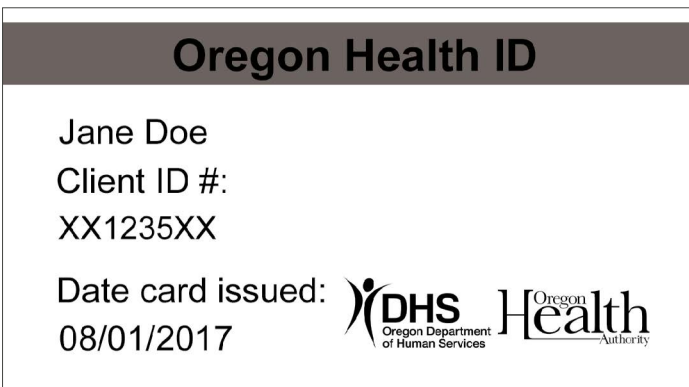
Your member card

Your member card is very important. Members should bring their government-issued identification (like a driver's license or other state identification) and health coverage cards to their appointments. This identification can be issued by the federal government of the United States, a state government or the government of another country.

You may need your member card to:

- › Get physical, dental and behavioral health care.
- › Fill prescriptions.

Here's a sample member card to show you what yours could look like.



Members – Visit OHP.Oregon.gov to learn about your coverage and how to report income, address and other household changes online. For questions, call 800-273-0557.

Providers – This card does not guarantee coverage. Verify coverage, enrollment and more at <https://www.or-medicaid.gov>.

Here are other ways you can get help:

Client Services

If you get a bill, need help making an appointment, have questions about coverage or need a new Oregon Health ID card or handbook

Phone: **800-273-0557** (all relay calls accepted), 8 a.m. to 5 p.m. Monday through Friday

[Online Request Form:](#)

OHP.Oregon.gov/CSU

ONE Eligibility Customer Service

If you have questions about your eligibility for OHP; need to report changes such as address, income or other health insurance; or need [help using the ONE system](#)

Phone: **800-699-9075** (all relay calls accepted) 7 a.m. to 6 p.m. Monday through Friday

one.oregon.gov

Care Coordination

If you are not enrolled in a coordinated care organization and need [help finding a provider that accepts OHP Open Card](#)

Phone: **800-562-4620**, 8 a.m. to 5 p.m. Monday through Friday

ohpcc.acentra.com

About Open Card



Here are other ways you can get help:

Nurse Advice Line

If you need [advice from a nurse](#)

Phone: **800-562-4620**, 24 hours a day, every day

ohpcc.acentra.com/nurse-advice-line

Local Help

If you would like free help from a local community partner

oregonhealthcare.gov/gethelp

Emergencies

If you have a physical or dental health emergency, call **911**.

If you have a behavioral health emergency, call **988**.

This member handbook provides general information only. It does not include medical advice and does not guarantee coverage. For complete details on your benefits and coverage, including exclusions, limitations and plan terms, please call Client Services at **800-273-0557**.



Languages and formats

Oregon Health Authority (OHA) will provide information and assistance in the language or format that is best for you.

OHA Access Statement

For people who speak or use a language other than English, people with disabilities or people who need additional support, OHA can provide free help.

Some examples are:

- › Sign language and spoken language interpreters
- › Written materials in other languages
- › Braille
- › Real-time captioning (Communication Access Realtime Translation, or CART)
- › Large print
- › Audio and other formats

Oregon Health Authority (OHA) and all Oregon Health Plan providers should help with your communication needs. This help is free. If you need help, please talk to your health care provider and call OHP Client Services at **800-273-0557** (all relay calls accepted). We want to get you the help you need, in the way that is best for you.

You can show providers a card that tells them the kind of language help you need. You'll receive a card with your welcome letter when you're enrolled as an Open Card member, but you can also print the card you need at oregon.gov/cards.



About Open Card

Written material

You can get a free paper copy of this handbook in other languages. Other written materials like letters from OHP, prescription labels and other important documents are also available in large print, braille or a format you prefer. Just call Oregon Health Plan Client Services at **800-273-0557** (all relay calls accepted) and tell us the language or format you need.

Interpreters

When you have an appointment with your provider, you have the right to an OHA certified or qualified sign language or spoken language interpreter in any language you need. This service is free. Tell your provider's office which language is best for you. Be sure to let them know your language needs when you make an appointment and ask that they make a note in your medical record for all your future appointments.

Do you want to [confirm that your interpreter is qualified and/or certified in Oregon?](#)

If so, go to hciregistry.dhsoha.state.or.us.

If your health care provider is not providing you an Oregon Health Authority (OHA) certified or qualified interpreter, please contact OHA's Client Services at **800-273-0557** (all relay calls accepted). You can also file a complaint of discrimination by emailing OHA.PublicCivilRights@odhsoha.oregon.gov or calling **844-882-7889**. We accept all relay calls.

Coverage letters tell you what benefits you have

You will get a coverage letter from the Oregon Health Authority (OHA) when:

- > You first get benefits
- > Your benefits change

If you did not get a coverage letter and need to know what type of benefits you have, call OHP Client Services at **800-273-0557** (all relay calls accepted).

The following image shows page 2 of your letter. It tells you what type of coverage you have and other health coverage OHP knows about. A common type of other health coverage you might have is private insurance provided through an employer. To make sure you get all your benefits, OHP and your health care providers need to know about all the kinds of coverage you have and about any changes to your coverage.

5503 XX#### XX P2 EN AT

PO BOX #####
SALEM, OR 97309
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF
Worker ID/Telephone: XX/503-555-5555

JOHN DOE
123 MAIN ST
HOMETOWN OR 97000

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.

Welcome to the Oregon Health Plan (OHP). **This is your new coverage letter.**

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID card changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reason for letter:

A Medical ID card was requested for:
Doe, Jane - 08/01/2017

Health plan enrollment changed for:
Doe, Timothy - 08/01/2017

About Open Card



Your benefit plans

When you receive your member coverage letter, it will contain information about your benefit plan, which may include one of the following:

- › **Oregon Health Plan (OHP):** Oregon’s medical assistance program helps people get access to health care who might otherwise not be able to afford it. This program is also known as Medicaid. OHP provides full medical, vision, dental, behavioral health and pharmacy coverage. At first, everyone who gets OHP is enrolled in Open Card and can use any health care provider who accepts Open Card. Later, most OHP members are enrolled in a local coordinated care organization (CCO) to manage their care.
- › **Oregon Health Plan (OHP) with Limited Drug:** For people who are eligible for both OHP and Medicare Part D, this program covers drugs not covered by Medicare Part D, but otherwise has the same benefits.
- › **Medicare Part B premiums only:** For members who qualify, there are two Medicare Savings programs that will pay for their Medicare Part B premium, but do not provide health care coverage or pay any other out-of-pocket Medicare costs.
- › **Qualified Medicare Beneficiary Program:** This Medicare Savings Program helps people pay out-of-pocket costs for Medicare covered services, including Medicare Part A and Part B premiums, deductibles and coinsurance. Check out these [resources for more information for seniors and people with disabilities:](https://www.oregon.gov/odhs) [oregon.gov/odhs](https://www.oregon.gov/odhs).
- › **OHP and Medicare Savings Program:** This is a combination of benefits that some Medicare recipients may have. It means that the member’s Medicare Part B premium will be paid and that OHP will be billed for medical and hospital services after Medicare. OHP will also cover dental and behavioral health.



Coordinated care organization (CCO) enrollment

Some people with OHP Open Card benefits are also enrolled in a CCO for some categories of services. People can have a CCO enrollment for: physical health and behavioral health, only behavioral health, only dental health, or dental health and behavioral health. If you are enrolled in a CCO for a type of service, the CCO pays for and coordinates that type of health care instead of Open Card.

If you are enrolled in a CCO in addition to OHP Open Card, you will receive a member ID card from the CCO to show when receiving those services.



About Open Card

This chart shows who coordinates your physical, dental and behavioral health services: Open Card or your CCO.

Type of CCO Coverage	Physical Health	Dental Health	Behavioral Health
No CCO coverage	Open Card	Open Card	Open Card
CCOA (all benefits through CCO)	CCO	CCO	CCO
CCOB	CCO	Open Card	CCO
CCOE	Open Card	Open Card	CCO
CCOF	Open Card	CCO	Open Card
CCOG	Open Card	CCO	CCO

OHA uses lettered codes to keep track of the type of health care a CCO is responsible for coordinating.

CCOA - People enrolled get all of their care through a CCO.

CCOB - People get physical and behavioral health care through a CCO.

CCOE - People get only behavioral health care through a CCO.

CCOF - People get only dental care through a CCO.

CCOG - People get dental and behavioral health care through a CCO.

About Open Card



OHP and other health insurance

Many people have OHP Open Card because they have other health coverage such as private insurance through an employer, or Medicare. When you have other health coverage, it pays first, and OHP covers remaining bills like copays or deductibles. In this situation your other coverage is your “primary coverage” and OHP is your “secondary coverage.”

Learn more about OHP and other insurance at:
www.oregon.gov/oha/hsd/ohp/pages/insurance.aspx

Important instructions for using OHP with other coverage:

- › Tell OHP about changes to your other insurance.
- › Show both your OHP Open Card and the ID card for your other coverage when receiving services.
- › Your provider will need to accept both types of coverage to fully cover the bill.

You must tell OHP about changes to your other insurance!

- › You must report changes to other health coverage (except Medicare) within 30 days of the change, such as if you gain or lose other coverage. If you do not report changes, it can cause complications paying your medical bills.
- › OHP calls other health coverage a “Third Party Resource” (TPR) or “Third Party Liability” (TPL).
- › If we know about your other insurance, it will be listed in the “Managed Care/TPR Enrollment” box on page 2 of your coverage letter and in your online ONE Eligibility account. If you do not see it there, tell OHP.
- › To report coverage changes, please go to ReportTPL.org, use your online ONE account at one.oregon.gov, or contact ONE Eligibility Customer Service at 800-699-9075 or find an Oregon Department of Human Services local office for help (one.oregon.gov/General/LocateAnOffice).

Finding providers:

- › You will need to find a provider that accepts OHP Open Card in addition to your private insurance.
- › First, call your private insurance or use their provider search tool for help finding a health care provider that accepts your primary insurance.
- › Then call the provider, or use the OHP Open Card provider search tools, to find a provider that also accepts OHP.
 - › You can use the OHP Open Card provider search tool at ohpcc.acentra.com/member or get help by calling Open Card Care Coordination at **800-562-4620**, 8 a.m. to 5 p.m. Monday through Friday ohpcc.acentra.com
- › If your provider does not accept OHP Open Card and you want to see them anyway, they may ask you to sign an agreement to pay for services if OHP cannot.
 - › Learn more about agreements to pay at providers that do not accept your OHP: www.oregon.gov/oha/hsd/ohp/pages/member-bills.aspx
- › If your pharmacy accepts your insurance, but not OHP, tell your insurance company. Under state law, they must work with pharmacies that can also bill OHP. This is to make sure OHP helps pay for your covered prescriptions.

What if I get a bill OHP or my insurance should cover?

- › Don’t pay it yet! First make sure your providers know to bill OHP and your other insurance.
- › If you signed an agreement to pay for services OHP does not cover, you do have to pay for the bill. Your providers must tell you whether services are covered by OHP before they give them to you.
- › First, call the provider’s office to make sure they have the information for your other insurance and OHP, and that both of these resources were billed.

About Open Card

- › If OHP and your other insurance were billed, call OHP Client Services at 800-273-0557 for help. Be ready to send a copy of the bill to OHP and your insurance company.
- › You may also need to contact your insurance company for help.
- › If your insurance company or OHP say you need to pay the bill, you can ask for an appeal or hearing. Learn more about appeals and hearings at: www.oregon.gov/oha/hsd/ohp/pages/appeals-hearings.aspx
- › For more information, see the “Paying for services and bills” section on this page or go to www.oregon.gov/oha/hsd/ohp/pages/member-bills.aspx

Can I get help paying my other health insurance’s premiums?

- › If you have to pay for your other insurance, this is called paying a “premium.” The Oregon Health Insurance Premium Payment Program (HIPPP) can sometimes help pay your private health insurance premiums.
 - ›› If it’s cost effective, the state can reimburse your premiums. It also saves the state money, because the private insurance company is billed first for your medical services.
 - ›› This helps you keep your private insurance so you can keep seeing your current providers.
 - ›› If you qualify, a reimbursement check from the state will be mailed to you each month.
- › To learn more, apply and report changes to the premium payment program, visit: www.oregon.gov/odhs/financial-recovery/Pages/hipp.aspx



Paying for services and bills

All Oregon Health Plan (OHP) covered services are free for OHP Open Card members. Payment is handled between the health care provider and OHP Open Card. Your providers must tell you whether services are covered by OHP Open Card before they provide services.

If you seek services not covered by Open Card — or if you choose a non-network provider — you will have to pay out of pocket. Before receiving a service you will pay for, you must sign an agreement form that says you will pay out of pocket for this service. Your provider is required to give you the agreement form. Make sure the form makes sense to you before you sign it.

Unless you signed an agreement form, you should not receive a bill for services covered by Open Card. If you do receive a bill, don’t pay it right away. Please call OHP Client Services at **800-273-0557** so we can help (all relay calls accepted).



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Your Benefits



Primary care

This section describes the primary care benefits you and your family can access through Open Card, including:

- › Primary care
- › Vision benefits
- › Dental health
- › Behavioral health (which includes mental health and substance use disorder treatment)
- › Wraparound services, a voluntary and intensive care model for children with behavioral health issues

Your current health care providers **may or may not accept** OHP Open Card coverage. If you don't know, you can ask them.

Primary care providers can be the doctors, nurse practitioners, physician's assistants and naturopaths you see for annual checkups or call when you're sick. They can also help you get treatments and services, or a referral to a specialist, when you need it.



Hospital care

Hospital care and services for Open Card members include:

- › Surgery (emergency and scheduled)
- › Emergency room stays or visits
- › Transplant care
- › Emergency behavioral health care
- › Transfer to other facilities for additional care

Open Card members do not need prior authorization for emergency hospital care. Inpatient emergency room and urgent care services are covered by Open Card. However, some scheduled surgeries and transplants **require prior authorization**.



For help or more information

Call Care Coordination at **800-562-4620**, Monday through Friday 8 a.m. to 5 p.m., to get help finding a primary care provider and to learn more about making an appointment. You can also search online at ohpcc.acentra.com for a provider near you.



Definition of terms

Primary care: Medical care provided by the medical professional (a primary care provider or physician, also referred to as your PCP) who takes care of your health. This is usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant or sometimes a naturopath.

Wraparound services: A voluntary process to help children and their families address a child's behavioral health issues.

Open Card: Health care covered by the Oregon Health Authority (OHA). When you are not enrolled in a coordinated care organization (CCO), you are an Open Card member because OHA pays for your care. OHA covers any service not covered by the CCO.

Prior authorization (also called pre-approval): Sometimes, your health care provider must send information to the Oregon Health Plan (OHP) before OHP Open Card will pay for your services or medicine. OHP reviews the information and then sends a document saying whether your plan will pay. This process is called prior authorization or pre-approval.



Your Benefits



For help or more information

For [more information about vision care](https://www.oregon.gov/oha/hsd/ohp/pages/benefits.aspx), contact Client Services at **800-273-0557** or visit [oregon.gov/oha/hsd/ohp/pages/benefits.aspx](https://www.oregon.gov/oha/hsd/ohp/pages/benefits.aspx).



Definition of terms

OHP Plus: The most comprehensive benefit package. It covers most health care services, including medical, dental, behavioral health (mental health and substance use disorder treatment), vision and prescriptions.


Routine: A procedure generally administered by a medical professional under circumstances involving little or no risk of causing injury to the patient. Examples include physical exams, blood draws and flu vaccinations.

Covered (benefits): The services that your health care plan pays for.



Vision care

In general, OHP does NOT cover services to correct vision (such as eye exams and glasses), except as described below:

- › If you have a medical eye condition, or just had cataract surgery, OHP will cover glasses or contact lenses. Your provider can help you figure out if you are eligible to have these covered.
- › OHP covers eye exams and glasses or contact lenses for children age 20 and younger.
- › Members can receive additional coverage benefits when pregnant and for 12 months after the pregnancy ends. OHP Open Card Plus Supplemental covers the following services for pregnant people age 21 and over:
 - › Glasses
 - › Contact lenses
 - › Fittings for glasses or contacts
 - › Eye exams for prescribing glasses or contacts
- › Corrective lenses are only covered if the member is age 20 or younger, is pregnant, gave birth in the past 12 months or has a qualifying medical eye condition. Your provider can help you figure out if you are eligible for corrective lenses because of a qualifying medical eye condition. 

Other vision services need to be approved by Open Card.

If you have the Open Card OHP Plus benefit package (for qualified Open Card members), you're covered for routine eye exams as follows:

- › Once every 24 months for members age 21 or older with the Open Card OHP Plus benefit package, which covers medical, dental, behavioral health and pharmacy.
- › When ordered by your health care provider or specialist for Open Card OHP Plus members who are age 20 or younger.



Your Benefits



Dental health

Your primary care dentist is the dentist who takes care of your teeth and gums. **They provide services like those listed below, which are covered by OHP Open Card:**

- › Urgent and emergency dental needs
- › Cleanings, X-rays, exams
- › Fluoride varnish applications
- › Fillings
- › Extractions
- › Crowns
- › Root canals
- › Dentures
- › Braces (age 20 and younger; in cases such as cleft lip, cleft palate, and when the member's jaw is misaligned and the teeth do not line up when the mouth is closed)
- › Additional services may be covered for children age 20 and younger.

Members must receive referrals from their provider for specialty dental care like these:

- › Endodontists (for some root canals)
- › Pediatric specialists (for children, and adults with special needs)
- › Periodontists (for gums)
- › Oral surgeons (for some extractions that are complicated, or require sedation or general anesthesia)
- › Orthodontists (for braces)

If you get a referral to a dental specialist, your primary care dentist will tell you who to call for an appointment.



For help or more information

To find a dentist or switch to a different dental office, call **800-562-4620**.

Learn more about benefits:

oregon.gov/oha/hsd/ohp/pages/benefits.aspx.

If you have a dental emergency (like strong tooth pain, a swollen face, a lot of blood in your mouth or a knocked-out tooth):

- › Do not wait. Call your dentist right away.
- › If you do not have a dentist or cannot reach your dentist, call **800-562-4620**.
- › If you have a medical emergency connected to the dental emergency (such as bleeding that won't stop), go to an emergency room at a hospital or call 911.



Definition of terms

Urgent and emergency dental needs:

Services needed the same day or immediately to address issues with your oral health. This could be for serious pain.

Provider: A licensed person or group that offers a health care service. Examples are a doctor, dentist or therapist.

Referral: The direction of a patient to a medical specialist by a primary care physician.

Specialist: A provider trained to care for a certain part of the body or type of illness.



Your Benefits



For help or more information

Information about the COFA program is available in these languages:

- › [English](https://oregon.gov/oha/HSD/OHP/Tools/COFA-Dental.pdf) oregon.gov/oha/HSD/OHP/Tools/COFA-Dental.pdf
- › [Chuucese](https://oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Chuucese.pdf) oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Chuucese.pdf
- › [Marshallese](https://oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Marshallese.pdf) oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Marshallese.pdf
- › [Palauan](https://oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Palauan.pdf) oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Palauan.pdf
- › [Pohnpeian](https://oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Pohnpeian.pdf) oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Pohnpeian.pdf

Find more information about the [dental-only programs for Compact of Free Association members and veterans](https://oregon.gov/oha/HSD/OHP/Tools/COFA-Dental.pdf):

oregon.gov/oha/HSD/OHP/Tools/COFA-Dental.pdf

Members can receive additional coverage benefits when pregnant and for 12 months after the pregnancy ends. **OHP Open Card Plus Supplemental covers the following services for pregnant people age 21 and over:**



- › Sooner appointments for exams and treatment
- › Additional cleanings
- › Additional fluoride varnish applications
- › Crowns for front teeth

Contact your dental office for more information.

Dental-only coverage for people who do not qualify for full OHP:

Compact of Free Association (COFA) Dental Program

The COFA Dental Program is for people who lawfully reside in the United States in accordance with agreements with the governments of the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau.

Veteran Dental Program

The Veteran Dental Program is for people who meet eligibility criteria such as income and verification of honorable discharge from active military service.



Your Benefits



Behavioral health

Behavioral health care includes treatment for mental health conditions or substance use disorders.

- › Mental health care
- › Substance use disorder treatment
- › Care coordination
- › Case management
- › Emergency services
- › Evaluations and consultations
- › Hospital stays
- › Medication management
- › Medication
- › Peer-delivered services
- › Residential treatment
- › Therapy

If you have problems with alcohol or drugs, you do not need a referral to receive help. **Some of the covered treatment services for substance use are:**

- › Screening, assessment and physical examination including urine tests
- › Acupuncture
- › Detoxification from substances
- › Individual, group, and family or couples counseling

Covered medications for treatment of substance use disorder include:

- › Methadone
- › Suboxone
- › Buprenorphine
- › Vivitrol
- › Other medications that help you decrease or stop the use of alcohol or drugs



For help or more information

For [more information about behavioral health services](https://www.oregon.gov/oha/hsd/amh/pages/index.aspx), visit [oregon.gov/oha/hsd/amh/pages/index.aspx](https://www.oregon.gov/oha/hsd/amh/pages/index.aspx). If someone is being hurt or in danger right now, call **988** immediately.



Definition of terms

Emergency services: Care you get during a medical crisis. These services help make you stable when you have a serious condition.

Peer-delivered services: Services from a peer support specialist or peer wellness specialist. These are people who use their lived experience (addiction, mental health condition, family member of an individual with a mental health condition) to provide guidance and support to a child or family member with similar lived experience. They can:

- › Show you how to get the right services for you and your family
- › Go to meetings with you
- › Support you in your recovery
- › Support you in parenting children with special physical or behavioral health needs

Residential treatment: A health care program where youth or adults stay at a 24-hour care facility to receive therapy, support and care for issues such as substance abuse. Some facilities allow parents to bring young children with them. Contact Care Coordination about treatment programs.



Your Benefits



Young Adults with Special Health Care Needs

Starting January 1, 2025, the Oregon Health Plan (OHP) will offer benefits to certain young adults under a new Medicaid eligibility category: Young Adults with Special Health Care Needs (YSHCN).

Why is this happening?

- › In Oregon, one in five children under age 18 has a special health care need.
- › More than 80 percent of people potentially eligible for YSHCN don't get access to the care they need.
- › People identified as eligible for YSHCN frequently need more health and health-related social services than others of the same age.
- › Providing no-cost health insurance helps young adults access the care they need during an important time of transition to adulthood.

YSHCN Eligibility

- › Be 19 or 20 years old in 2025
- › Live with – or are at risk of having – a qualifying health care need that began before age 19, including:
 - › Physical, intellectual, or developmental disability
 - › Long-standing medical condition
 - › Mental health, substance use, or neurodevelopmental condition
- › Individual or family income up to 305% of the Federal Poverty Level. For example, a single youth making up to \$3,828 per month would qualify. These income levels are accurate through February 2025.

Application and Enrollment Process

- › Applications will be processed through the ONE system, which you will be able to [access online](#) starting Jan. 1, 2025. Paper applications will also be available through the ONE system if preferred.
- › Current OHP members who qualify for YSHCN will automatically receive a notification of their qualification through the ONE system.
- › New OHP applicants will get an opportunity to complete a screening questionnaire through the ONE system.
- › Visit Oregon.gov/YSCHN after Jan. 1, 2025 to access more information about this benefit and how to apply.

Benefits included in YSHCN

- › Qualify for more vision and dental benefits and Early and Periodic Screening, Diagnostic and Treatment (EPSDT) until age 26, instead of the standard coverage that goes to age 21. For more on EPSDT, visit [page 27](#).
- › [Health-Related Social Needs benefits \(page 24\)](#)

Additional Information

- › If you have questions about Young Adults with Special Health Care Needs benefits, contact 1115waiver.renewal@odhsoha.oregon.gov or call Client Services at **800-273-0557**.



Your Benefits



Wraparound services for children and families

For children and youth in crisis due to a mental health or substance use issue, OHP Open Card members can access Wraparound services. Wraparound is a voluntary process to help children and their families address a child's behavioral health issues.

These services are for children and youth up to age 17 who meet both of the following:

- › Are involved in the behavioral health system and at least one other system, like foster care, special education, juvenile justice or intellectual/developmental disability programs
- › Are covered by an OHP plan like Open Card

Wraparound services provide a youth and their family with a team of individuals who are trained to support their needs, including crisis and safety services. The team can also help the youth and their family create a plan to achieve the positive outcomes for the future they identify.

Wraparound services are available in every county in Oregon. Once a child or youth has been found eligible for Wraparound services, they may receive services through age 25.

Services and eligibility are determined on a case-by-case basis in local communities.



Prior authorization for services and medicine

What is prior authorization?

Sometimes your health care provider must send information to the Oregon Health Plan (OHP) before OHP Open Card will pay for your services or medicine. OHP reviews the information and then sends a document saying whether your plan will pay. This process is called prior authorization or pre-approval.



For help or more information

[Wraparound providers](https://www.oregon.gov/IntensiveServices) can be found on the OHA web page: [oregon.gov/IntensiveServices](https://www.oregon.gov/IntensiveServices).

To get prior authorization for a service or medicine, ask your health care provider.

For more information on prior authorization, contact Client Services at **800-273-0557** (all relay calls accepted).



Definition of terms

Out-of-pocket costs: Costs associated with your health plan that you are responsible for, such as monthly premiums for Medicare and copays.

Provider: A licensed person or group that offers a health care service. Examples are a doctor, dentist or therapist.

In cases where OHP says your plan will not pay, you might have to pay out of pocket for the service or medicine.

In the pages that follow, you will see a list of health care services and medicines that might require prior authorization.

In addition to those listed, you may need prior authorization if:

- › Evidence shows that a service or medicine is not effective for certain people
- › Evidence shows that a service or medicine may not be safe for certain people
- › A less expensive, but just as effective, medicine can be prescribed



Your Benefits

Getting approval for services

Health care services that may need pre-approval include:

- › **Dental services** (services and care for your teeth, mouth and gums)
- › **Durable medical equipment and supplies** (things like wheelchairs and hospital beds)
- › **Home health care** (services you get at home, like bathing and meals)
- › **Hospital stays** (time you spend in a hospital)
- › **Imaging** (services like X-rays or MRIs that help diagnose health issues)
- › **Medical equipment and supplies** (things like diapers and catheters)
- › **Medications not on the Preferred Drug List** (medications not automatically covered by Open Card)
- › **Non-network provider services** (meaning you choose to see a provider that is not in your network)
- › **Occupational therapy** (exercise or treatment to help you perform everyday activities and lessen, prevent or adapt to disabilities)
- › **Out-of-state services or care** (services or care you receive outside of Oregon)
- › **Physical therapy** (exercise or treatment to help you move better, strengthen muscles or relieve pain)
- › **Specialty services** (a doctor typically refers you if they think you need the expertise or treatment of another health care professional)
- › **Speech and language services** (services for people who have difficulty communicating, eating, drinking and swallowing)
- › **Transplants** (medical procedure where an organ or tissue is moved from one person's body to another)
- › **Vision services for non-pregnant adults age 21 and over** (services like eye exams, glasses and contact lenses)

If you need the prescription right away and cannot wait for approval, your pharmacy can give you an Agreement to Pay for Pharmacy Services form. If you complete and sign this form, it means you agree to pay for the prescription now. If OHP approves the prescription later and agrees to pay, the pharmacy will pay you back.

Your health care provider can use the [OHP Open Card Preferred Drug List](#) to find information needed for prior authorization: orpd.org/drugs. This list shows which prescriptions require prior authorization. The list is updated often.

If your provider's request for prior authorization is denied, you will receive a written letter from OHP (OHP never denies coverage over the phone or during a visit with a provider). This written notice will tell you how to appeal or ask for a hearing if you don't agree with the decision.



Medications

Who will pay for your medicines?

Make sure your pharmacy knows about all your health coverage, including OHP Open Card and other coverage if you have it (like a coordinated care organization, Medicare Part D or private health insurance). If you have Medicare Part D or private health insurance, your pharmacy should bill those first.

- › Open Card pays for mental and physical health medicines. To find out if a specific medicine is covered, ask your provider.
- › If you are in a coordinated care organization (CCO), the CCO will pay for your physical health medicines.
- › If you have Medicare Part D, Open Card will only pay for some prescriptions that are not covered by Medicare Part D or Medicare Advantage Prescription Drug coverage.
- › If you have private insurance and Open Card, OHP will help pay for copays.



Your Benefits

- › If you are in the Veteran Dental or COFA Dental plans, Moda Health will pay for certain medicines from your dentist.
- › You do not need to pay anything for medicines that are covered by your plan.

What if you are asked to pay for a prescription?

Sometimes you have to pay for medication. **This is true if:**

- › You signed an Agreement to Pay for the prescription.
- › You have Medicare but are not enrolled in Medicare Part D prescription coverage, and the prescription would have been covered by Medicare Part D if you had that coverage.

If you think you should not have been asked to pay for medication, please call OHP Client Services at **800-273-0557**.

Your health care providers must tell you whether medications are covered by OHP Open Card before they prescribe them to you.

What medicines are covered?

- › The drugs OHP covers for Medicare recipients are those that no Medicare plan will cover, but only if they are on OHP's list of covered prescriptions. If you are in a coordinated care organization (CCO), this list is called a "formulary." To get this list, call your CCO's customer service or look for it on the CCO's website. OHP Open Card covers medications on the [Preferred Drug List](#): orpd.org. To look up your medication, you should know the medication's exact name. If you have questions, you can call Client Services at **800-273-0557**.

How do you get your medicines?

- › OHP will pay for your medication only if a provider prescribes it. Your health care provider will send an electronic or faxed prescription to the pharmacy or give a written prescription for you to take to the pharmacy.
- › To receive and fill a prescription medication, you must present your identification (like your driver's license or other state identification) and health coverage cards. Contact your pharmacy if you don't have government-issued identification. You can receive up to a 100-day supply of medication, depending on the prescription.

If your prescription is not covered, ask if your provider is enrolled with Oregon Health Plan. **If they are enrolled, you can ask:**

- › If the medication is not covered because it is too soon to refill, or because the quantity is too much
- › If another drug that is just as effective is covered
- › If this prescription needs pre-authorization from OHP
- › How to apply for free medication from the drug company's patient assistance program

Your pharmacy

You may fill your prescriptions at a different pharmacy and have them covered by OHP if you have an urgent need and:

- › Your pharmacy is not open.
- › You cannot get to your pharmacy, even using the OHP ride service.
- › Your pharmacy does not have the prescribed drug in stock.

If you are part of a coordinated care organization (CCO), your coverage letter identifies a pharmacy for your use. Whenever possible, you should get your medications from this pharmacy. If you are not in a CCO, then your coverage letter will not include a pharmacy.



Your Benefits



Health-Related Social Needs services

Health-Related Social Needs (HRSN) refer to barriers to health, like lack of housing or access to food. OHP members who are facing certain life transitions with a medical need may qualify for social supports as a covered benefit. Please contact Client Services to see what HRSN services are available. **HRSN services include:**

- › **Climate services:** This benefit began in March 2024 and includes help to get medically necessary air conditioners, heaters, air filters, portable power supplies and mini-refrigeration units for medications.
- › **Housing services:** Housing benefits are scheduled to begin Nov. 1, 2024. This benefit is for those with a medical need who are at risk of becoming houseless. Benefits may include help with rent and utilities.
- › **Nutrition services:** This benefit is likely to begin Jan. 1, 2025, and includes nutrition education, medically tailored meals, meals or pantry stocking, and fruit and vegetable prescriptions.

You may be eligible to receive some or all HRSN services if you are an OHP member, and:

- › Are at risk of being homeless
- › Are being discharged from the Oregon State Hospital and some residential treatment programs for substance use disorders
- › Are being released from incarceration
- › Are transitioning out of the child welfare system
- › Are an individual who is transitioning to dual status with OHP and Medicare
- › Are a young adult with special health care needs (cannot receive services until 2025)

To be screened for HRSN eligibility, please contact Care Coordination at **800-562-4620**. Care Coordination can help you to schedule appointments for HRSN services, including the screening. You may also complete your own HRSN Climate-Related Device Request (forms available in various languages in the “For more help or information” section on this page), have someone you designate help you complete it or have a community-based organization that supports you help you with it. For Open Card members, HRSN request forms must be submitted to Care Coordination.

You can ask Care Coordination to be screened for eligibility, or to deny screening for eligibility. **If approved:**

- › You can accept or decline HRSN services offered to you.
- › HRSN services are free to you, and you can opt out at any time. If you receive HRSN services, your Care Coordination team will work with you to make sure your care plan includes the services you receive.

Please note that to screen for and receive HRSN services, your personal information may be collected to determine eligibility, and some may be shared with those who are providing the service.



Your Benefits

More benefits for climate services

If you are not eligible for a climate service through HRSN, you may be eligible for a climate service through another state program www.oregon.gov/oha/pages/air-conditioner-program.aspx for air conditioners and devices that filter air. To be eligible for this benefit, you must:

- › Be low income
- › Have medical vulnerability or present a medical need for devices
- › Benefit from access to this service

Devices are limited. Prioritization will be given to the following groups:

- › Elderly seniors
- › Individuals living alone
- › Pregnant women with children under 5 years old

To find out if you are eligible for climate services and if devices are available, call Acentra Health, formerly known as Kepro, at **888-834-4304** or email ORCM@acentra.com.

Getting approval for medicine

Sometimes, your doctor must send information to the Oregon Health Plan (OHP) before OHP Open Card will pay for your medicine. This process is called prior authorization.

If your medicine requires prior authorization, you can:

- › Ask your health care provider if an equivalent medicine or service is covered.
- › Ask your health care provider to send chart notes to OHP to explain why this medicine or service should be covered.
- › For drugs, apply for free medicine from the drug company's patient assistance program.

For help or more information

Access the live HRSN Climate-Related Device Request form in the following languages:

- › **English** sharedsystems.dhsoha.state.or.us/DHSForms/Served/le-505451.pdf
- › **Spanish** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lS-505451.pdf
- › **Russian** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lr-505451.pdf
- › **Vietnamese** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lv-505451.pdf
- › **Simplified Chinese** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lN-505451.pdf
- › **Traditional Chinese** sharedsystems.dhsoha.state.or.us/DHSForms/Served/l4-505451.pdf
- › **Arabic** sharedsystems.dhsoha.state.or.us/DHSForms/Served/la-505451.pdf
- › **Somali** sharedsystems.dhsoha.state.or.us/DHSForms/Served/li-505451.pdf
- › **Korean** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lk-505451.pdf
- › **Hmong** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lh-505451.pdf
- › **Portuguese** sharedsystems.dhsoha.state.or.us/DHSForms/Served/lp-505451.pdf

Questions?

CCO members: Ask your CCO how to submit this form.

If you do not know your CCO, call OHA Client Services at **800-273-0557**.

If you are in Open Card (Acentra Health), call **888-834-4304**.



3. Care for Kids

- 27 [Nutrition Services and Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#)
- 27 [Comprehensive and preventive coverage for members under 21 years of age](#)
- 30 [More information](#)





Care for Kids



Nutrition Services and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

What is WIC?

WIC is Oregon’s Supplemental Nutrition Program for Women, Infants, and Children. WIC is for pregnant people, new and breastfeeding parents or guardians, and children under the age of 5. Fathers, grandparents, foster parents or other guardians can apply for WIC for their children.



WIC helps improve the health of parents and guardians and supports a healthy start for infants and children by providing:

- › Nutrition education
- › Breastfeeding support
- › Healthy foods
- › Health screenings and referrals
- › Breast pumps
- › Baby formula products
- › Help with rides to WIC appointments (see “Help getting a ride”)



For help or more information

[Learn more about WIC services](#), including income and eligibility guidelines, WIC clinic or store locations, Oregon WIC food lists, and WIC program updates: healthoregon.org/wic.

Are you interested in WIC?

Please complete the [online interest form](#) at this link and someone will reach out to you soon: oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Pages/interest-form.aspx. Or call **971-673-0040**.



Comprehensive and preventive coverage for members under 21 years of age

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program coverage

The Oregon Health Plan now covers children and youth up to age 21 for all medically necessary and medically (or dentally) appropriate health care. This includes screenings, checkups, tests and follow-up care, as well as services that OHP didn’t cover before. In fact, more health care services are covered for this age group than for OHP members who are older than 21.



Care for Kids

OHP members under 21 can receive medically necessary and medically (or dentally) appropriate care, which includes:

- › Care for your child whenever they are sick or injured
- › Follow-up care
- › Checkups every year through age 20
- › Health screenings (vision, hearing, behavioral health, development)
- › Tests
- › Therapy (physical, occupational, speech-language-hearing, individual and family behavioral health therapy, others)
- › Other behavioral health services
- › Dental care
- › Specialty care
- › In-home services
- › Second opinions

Even if your child had a screening and everything seemed fine, talk to your provider if something has changed. Make sure to tell your provider if:

- › Your child has been struggling in school due to a health or developmental condition, or if they have started new services or supports at school.
- › Your child is experiencing low self-esteem, anxiety or changes in mood or behavior (like withdrawing socially or more aggressive, resistant behaviors).
- › You are concerned that your child isn't meeting developmental milestones, isn't acting like other kids their age, or is having changes in energy or activity levels.

What if your health care provider says OHP will not cover care?

If your health care provider says, "OHP won't cover that," you can request a written denial notice from OHP. Remember, OHP never denies services over the phone or during a visit. You will always get a written letter if something is denied.

The written denial notice will include clear instructions about how to appeal the decision or ask for a hearing if you don't agree with the decision.

You can ask your child's providers if they have the information about the new Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program rules for OHP coverage. Some providers may not have seen the updates about this.

More information

- › Your child's doctor, specialist, therapist or other provider(s) will consider personal needs and medical history to decide what is medically necessary and medically (or dentally) appropriate for your child.
- › Medically necessary means a treatment that is required to prevent, diagnose or treat a condition, or to support growth, development and participation in school.
- › Medically (or dentally) appropriate means that the treatment is safe and effective.
- › In some cases, the provider will need to submit information to OHA for approval. In these cases, OHA will review to make decisions regarding coverage. When needed, pediatric specialists are consulted to help with this.

Who gets this coverage?

All Oregon Health Plan members under age 21, including:

- › Open Card and coordinated care organization (CCO) members
- › Members who enrolled through Healthier Oregon

Why is this important?

These services help with preventing illness or finding signs of illness early to start appropriate treatment. These services also help support children and youth with disabilities.



Care for Kids

If you feel your child needs care, this coverage can help. To seek care, talk with your child's health care provider.

Schedule well-child visits and adolescent well visits.

Visits occur at the following ages:

- › 1 month
- › 2 months
- › 4 months
- › 6 months
- › 9 months
- › 12 months
- › 15 months
- › 18 months
- › 2 years
- › 2½ years
- › Every year from ages 3 to 21

If you think your child needs an assessment or referral to a specialist, ask your child's health care provider.

Things to consider:

- › Prepare for your child's checkups by using the [Well Visit Planner](#), a free planning resource to focus on your unique needs and goals: wellvisitplanner.org.
- › Talk to an Open Card care coordinator or referral coordinator from your clinic if you need assistance getting any kind of appointment. These coordinators can also help if your provider is having trouble connecting you with a treatment or service. You can call the number on the back of your member card or call Open Card Care Coordination at **800-562-4620**.
 - » American Indian/Alaska Native Open Card members: Call CareOregon at **844-847-9320** for care coordination.

- › If you receive a denial for services, you have a right to request a hearing from OHA.
- › If you need help understanding these processes, you can contact Client Services at **800-273-0557** or work with a [trusted OHP community partner](#) from this list: OregonHealthCare.gov/GetHelp.
- › If you are having trouble getting services or have a concern, you can contact the OHA Ombuds Office at: OHA.OmbudsOffice@odhsoha.oregon.gov or **877-642-0450** (message line only).
- › You can also reach out to the EPSDT program at EPSDT.Info@odhsoha.oregon.gov for more information.



Care for Kids



Are you pregnant or do you have a newborn?

The Oregon Health Plan provides coverage for services before, during and after pregnancy — including services for newborn babies. **To qualify for this coverage, be sure to do the following:**

1. **Keep your address up to date.**
 - » Call **800-699-9075** weekdays from 7 a.m. to 6 p.m. to update your address or to get help in many languages.
 - » Find an office or community partner near you: [KeepCovered.Oregon.gov](https://www.KeepCovered.Oregon.gov).
 - » Report changes and respond to renewals online: [Benefits.Oregon.gov](https://www.Benefits.Oregon.gov).
2. **Report your pregnancy to OHP.** After birth, report your newborn's name and birth date to OHP.
3. **Get information on [what's covered during pregnancy and free help with OHP](#):** [oregon.gov/oha/HSD/OHP/Pages/Pregnancy-Care.aspx](https://www.oregon.gov/oha/HSD/OHP/Pages/Pregnancy-Care.aspx).



More information

Here are some things that can be covered by OHP when they are medically necessary and medically (or dentally) appropriate for a member under 21:

- › Sedation for dental procedures.
- › Braces (also called orthodontia) in cases such as cleft lip and palate, or when speech, chewing and other functions are affected.
 - » You must have approval from a dentist.
 - » Your dentist will help identify what your child needs at the right time to help them learn and grow.
- › The right kind of therapy at the right time to help your child learn and grow. If something does not work, the provider can find a different treatment or therapy.
- › Health services provided by school staff, for example, as part of an Individualized Education Program.
- › Reassessments when something changes.

[More information about EPSTD](https://www.oregon.gov/EPSTD) is available at [oregon.gov/EPSTD](https://www.oregon.gov/EPSTD).



4. Emergencies

- 32 [Physical health emergencies](#)
- 32 [Behavioral health emergencies](#)
- 33 [Dental health emergencies](#)
- 33 [Out-of-state emergencies](#)





Emergencies

A medical emergency is something that needs care right now. This can be a physical health emergency like serious bleeding. It can also be a mental or substance use emergency like feeling out of control.

Open Card covers emergency care in Oregon and out of state.

If you have a physical or dental health emergency, call **911**.

If you have a behavioral health emergency, call **988**.



Physical health emergencies

Physical emergencies, such as ambulance and emergency room services, are covered.

Emergency means sudden illnesses or injuries that need treatment right away to avoid severe problems or death.

If you have a physical health emergency, call **911**.



Behavioral health emergencies

If you or someone you know is struggling or in crisis because of a mental health or substance use issue, help is available. People can get help 24 hours a day, seven days a week by:

- › Calling **988**
- › Texting a message to **988**
- › Chatting online at chat.988lifeline.org
- › Going to 988lifeline.org

The 988 Suicide and Crisis Lifeline connects people to trained crisis counselors who offer compassion, care and support. The Lifeline also connects people with the right kind of help, from the right type of helper.

The 988 Suicide and Crisis Lifeline is always available: 24 hours a day, seven days a week. **The Lifeline is for people in any type of behavioral health crisis, such as:**

- › Mental health-related distress
- › Thoughts of suicide or self-harm
- › Substance use crisis

The Lifeline can also help people who worry that their loved one may be in crisis.

The Lifeline answers calls, texts and chats in English or Spanish. It also offers interpretation services for more than 250 languages.

People who are Deaf or Hard of Hearing, or prefer using American Sign Language, can connect with a trained counselor by:

- › Texting a message to **988**
- › Using their preferred relay service or dialing **711**, then **988** (for TTY users)
- › Sending a [chat message](https://chat.988lifeline.org) at chat.988lifeline.org
- › Visiting 988lifeline.org/deaf-hard-of-hearing-hearing-loss/

Veterans can get support by:

- › Calling **988** and pressing **1**
- › Texting **838255**
- › Visiting veteranscrisisline.net/get-help-now/chat/



Emergencies



Dental health emergencies

Emergencies are things like strong tooth pain, a swollen face, a lot of blood in your mouth or a knocked-out tooth.

- › Do not wait. Call your dentist right away.
- › If you do not have a dentist or cannot reach your dentist, **call 800-562-4620**.
- › If you have an emergency that can't wait for an appointment (such as bleeding that won't stop), go to an emergency room or call **911**.



Out-of-state emergencies

Authorization is not required for emergency services needed for OHP Open Card members when they are out of state.





5. Care for American Indian/ Alaska Native (AI/AN) Members

- 35 [American Indian and Alaska Native Oregon Health Plan \(OHP\) members can be enrolled in Open Card](#)
- 35 [CareOregon Tribal Care Coordination for American Indian and Alaska Native \(AI/AN\) Open Card members](#)





Care for American Indian/ Alaska Native (AI/AN) Members



American Indian and Alaska Native Oregon Health Plan (OHP)

members can be enrolled in Open Card

Individuals who are American Indian or Alaska Native (AI/AN) can be enrolled in Oregon Health Plan (OHP) Open Card. If you wish, you can choose to enroll into a coordinated care organization (CCO). OHP will not enroll you into a CCO unless you request it.



CareOregon Tribal Care Coordination for American Indian and Alaska Native

(AI/AN) Open Card members

If you need help finding a provider or accessing care, you can contact CareOregon to request assistance with care coordination for free. Call: **844-847-9320** to request assistance from 8 a.m. to 5 p.m. Monday through Friday.

OHA follows the federal Medicaid (CMS) definition of American Indian/Alaska Native (AI/AN). Per our 1115 Waiver, “Indian” or “American Indian/Alaska Native” is defined as follows:

- › Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13), 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12; or as defined under 42 CFR 438.14(a).

Oregon has a government-to-government relationship with The Nine Federally Recognized Tribes of Oregon. This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based on race. Federally recognized tribes are those Native American tribes recognized by the United States Bureau of Indian Affairs for certain federal government purposes. There are currently 574 Federally Recognized Tribes.





6. Help

- 37 [Contact us](#)
- 38 [Care coordination](#)
- 38 [Help getting a ride](#)





Help

In this section you will learn how to get help with:

- › Any questions you have
- › Any concerns or complaints you have
- › Getting your health care providers to work together to provide the care you need
- › Getting rides to health care services covered by OHP Open Card



Contact us

We want to hear from you if you are unhappy with the Oregon Health Plan (OHP), your provider, or the health services you or a loved one receive. **For example, you can tell us about:**

- › Problems making an appointment
- › Problems finding a provider near you
- › Not feeling respected or understood
- › Treatment you weren't sure about, but got anyway
- › Bills for services you did not agree to pay

Let us know if you have questions about this handbook or your OHP Open Card coverage, or if you have concerns or a complaint about the care you or your loved ones are receiving. **You can contact the Oregon Health Authority using any of the following:**

- › If you have issues about using care, billing or benefits, reach Client Services by phone at **800-273-0557** (all relay calls accepted) from 8 a.m. to 5 p.m. Monday through Friday or by email at Ask.OHP@odhsoha.oregon.gov.
- › Send a secure email to Ask.OHP@odhsoha.oregon.gov.
- › If you need help after hours, please call the Nurse Advice Line at **800-562-4620**, which is available 24 hours a day every day.

- › If you need to apply, renew or report changes to your OHP, contact ONE Eligibility Customer Service: **800-699-9075** (all relay calls accepted) from 7 a.m. to 6 p.m. Monday through Friday.
- › To [share an issue, question, concern or complaint with OHP Client Services](#), complete this online form: OHP.Oregon.gov/CSU.
- › If you need to [complete the secure online OHP Client Services Request Form](#), access it here: OHP.Oregon.gov/CSU.

More information about sharing your concerns or complaints can be found here:

oregon.gov/OHA/HSD/OHP/Pages/Complaints.aspx.

Oregon Health Authority's Ombuds Program

Oregon Health Authority's (OHA) Ombuds Program helps Oregon Health Plan (OHP) members resolve questions or concerns related to coverage; access to mental, physical or dental benefits; and denials. Members have the right to receive free help from the OHA Ombuds Program.

- › You can reach the OHA Ombuds Program by calling **877-642-0450** (all relay calls accepted). If you don't reach someone, you can leave a message 24 hours a day, seven days a week.
- › You can send an email to the Ombuds Program at OHA.OmbudsOffice@odhsoha.oregon.gov.
- › Once your call or case has been received, you will be assigned an ombudsperson who will work directly with you until your concern is resolved or your questions are answered.

The OHA Ombuds Program is not an emergency service. Members can expect a response from the OHA Ombuds Program within four working days. Member privacy is protected and personal or medical information cannot be shared without a signed Release of Information Form.



Help

To get this form, call **877-642-0450**. The OHA Ombuds Program will not share any personal information with anyone who is not authorized to receive it.

If you are not happy with how Open Card or your coordinated care organization (CCO) addressed your concerns, you can ask the OHA Ombuds Program for help at any time:

- › Mail: **500 Summer St. NE E20, Salem, OR 97301**
- › Fax: **503-934-5023**
- › Toll-free: **877-642-0450** (all relay calls accepted)



Care coordination

Care coordination is one of your benefits. It can help all your health care providers work together to help you best.

You can call us Monday through Friday, 8 a.m. to 5 p.m., at **800-562-4620**.

What we do:

- › Help you talk with your providers
- › Give you information so you can make the best health care choices for you
- › Help you get the care you need
- › Honor and promote your cultural needs
- › Help you find providers
- › Help you find drug treatment if you need it
- › Refer you to the right care coordinator if you are not one of our members
- › Have a Nurse Advice Line that is always open

Special Services for some coordinated care organization (CCO) members:

- › Help people having planned community births until 30 days after birth.
- › Help with some mental health medicines that are covered, but not by a CCO. Even if you have CCO coverage for mental health services, some drugs are still paid for by OHP Open Card.



Help getting a ride

You can get free rides to receive health care covered by OHP Open Card. This can include visits to doctors, dentists, pharmacies and other health care providers.

What kind of ride can I get?

You will usually get a ride by a local ride service, bus or taxi. In some cases, OHP Open Card may pay you back for travel costs like gas, meals and lodging. It's required that members get approval in advance if they seek reimbursement for such costs.

Is there any cost to me?

No. You should never be billed for rides to or from covered services.

How do I schedule a ride?

At least two days before your appointment, call the non-emergency medical transportation (NEMT) company for your county. If you want, someone you know can call for you.

What if I need to get to an appointment today or tomorrow?

Call the NEMT company and they will try to help. If you call less than two days before your appointment, they may not be able to provide a ride.



Help



Non-emergency medical transportation (NEMT) companies

If you live in this county:	Call:
Crook, Deschutes, Jefferson	Cascades East Ride Center 866-385-8680
Clatsop, Columbia, Tillamook	NW MedLink 833-585-4221
Lane	RideSource 877-800-9899
Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake	TransLink 888-518-8160
Clackamas, Multnomah, Washington, Yamhill	Tri-County MedLink 866-336-2906
Benton, Lincoln, Linn	Cascades West Ride Line 866-724-2975
Marion, Polk	Marion-Polk MedLink 877-236-4026
Baker, Gilliam, Grant, Harney, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	GOBHI Transportation Services 877-875-4657



What if this is an emergency?

For physical health emergencies, call **911**.
For mental health emergencies, call **988**.

For more information about getting rides, please see Appendix A on [page 55](#) (“[More information about rides](#)”) at the end of this handbook. You can also go to oregon.gov/oha/HSD/OHP/Pages/NEMT.aspx.



7. Your Rights

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Your Rights

As an OHP Open Card member, you have specific rights. In this section, you will learn about your rights and what you can do if you feel you have been treated unfairly.



Health care records

Keeping your records private

You have the right to keep your health records private. A law — the Health Insurance Portability and Accountability Act (HIPAA) — protects your health care records and keeps them private. This is also called “confidentiality.”

A paper called “[Notice of Privacy Practices](#)” explains OHP members’ rights to keep their personal information private and how their personal information is used. To get a copy, call Client Services at **800-273-0557** (all relay calls accepted). You can find this notice online at sharedsystems.dhsoha.state.or.us/DHSForms/Served/me2090.pdf.

Getting a copy of your records

You have the right to update and get copies of medical records from your health care providers, including your doctor and dentist. Your providers may charge a reasonable fee for copies.



Making decisions about your health care

You have the right to make decisions about your own health care.

You can sign documents that tell health care providers what kinds of care you do and do not want. You can also sign documents that name people to make decisions for you if you cannot make them.

These are three kinds of documents you can sign:

- › **Advance Directive:** This is a legal document that lets you name a person to make health care decisions for you if you cannot make them. It also records your choices about what kind of medical care you do and do not want, and things that are most important to you about your health goals.
- › **Physician orders for life-sustaining treatment (POLST):** Records your medical choices about what kinds of end-of-life care you do and do not want. It is entered into the Oregon POLST Registry so all your medical providers know the choices you’ve made.
- › **Declaration for mental health treatment:** Lets you name a person to make health care decisions for you if you cannot make them because of a mental health condition.

If you have questions, contact your Care Coordinator: **800-562-4620**.



What to do if a benefit is denied

If you are in a coordinated care organization

You will first appeal the denial with [your CCO](#): OHP.Oregon.gov/CCO-Contacts.

After the appeal you can ask the Oregon Health Authority (OHA) for a hearing. Please continue reading for more information on how to ask for a hearing.



All members can ask for a hearing

You can ask for a hearing (at no cost to you) if you get a Notice of Denial that tells you a service is going to be stopped, reduced or denied. A family member, friend, community organization, outreach worker, your health care provider or other advocate can help you, if you wish. You will have 60 days from the date on your notice to ask for a hearing. Everyone is encouraged to submit a request. However, it is not guaranteed that all hearing requests received will proceed to hearing.

There are several ways to ask for a hearing.

- › Open Card OHP members can complete and submit the [online form for hearing requests](https://bit.ly/ohp-hearing-form):
bit.ly/ohp-hearing-form.
 - › Help is available to fill out this form. **Go to:**
 - An [Oregon Department of Human Services office](https://oregon.gov/odhs/Pages/office-finder.aspx):
oregon.gov/odhs/Pages/office-finder.aspx.
 - Call OHP Client Services at **800-273-0557** (all relay calls accepted).
- › Fill out page 1 of the [Administrative Hearing Request MSC 443 form](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf) (sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf). You can find this form in Appendix B ([page 60](#)).

or

- › Fill out pages 3 and 4 of the [Request to Review a Health Care Decision OHP 3302 form](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3302.pdf) (sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3302.pdf). Select the **Hearing request** option under **Type of request**. You can find this form in Appendix C ([page 61](#)).

Attach a copy of your Notice of Denial to either the MSC 443 or OHP 3302 forms and send it to the OHP Hearings Unit by:

Mail: **OHA-Medical Hearing**
500 Summer St. NE E49
Salem, OR 97301-1077

Fax: **503-945-6035**

After the hearing, the decision may change, or it may stay the same.

If you need a fast (expedited) hearing

You and your provider may believe that you have an urgent medical problem that cannot wait for a regular state hearing.

To ask for a faster hearing:

- › On the [online form](https://bit.ly/ohp-hearing-form) (bit.ly/ohp-hearing-form), select “**Yes**” for question D in the section titled “**Tell us about the request.**”
- › On [form MSC 443](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf) (sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf), select the checkbox under your description of why you disagree with the decision.
- › On [form OHP 3302](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3302.pdf) (sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3302.pdf), go to **question 9** and select the “**Yes**” checkbox.

Fax form MSC 443 or OHP 3302 to the OHP Hearing Unit at **503-945-6035**.

To explain why your medical problem is urgent, you can attach a statement or other documents to the online or faxed forms.

If OHP agrees that it is urgent, the Hearings Unit will call you within seven working days (excluding weekends and holidays) from the date we receive your request.



Asking for continued services

If you are already receiving services that were denied by OHP, you can ask for the services to continue while you wait for your hearing. The request to continue receiving denied services must be submitted before the date specified on your Notice of Denial. Services will continue for up to 90 days or until:

- › OHA or an administrative law judge makes a decision about your case.
- › You are no longer eligible for the denied service or OHP benefits.

What happens at a hearing?

- › Most hearings are done on the telephone unless there is an approved Americans with Disabilities Act (ADA) accommodation that has been requested on any of the three forms listed above.
- › At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the service(s). You do not need a lawyer, but you can have one. You can also ask someone else such as your health care provider, friend or relative to be with you.
- › If you hire a lawyer, you must pay the lawyer's fees. You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292 (all relay calls accepted) for advice and possible representation. Find [information on free legal help](#) at oregonlawhelp.org.

OHA Ombuds Program

If you have completed these steps and are not happy with how OHP addressed your concerns, you can ask the OHA Ombuds Program for help:

Mail: **500 Summer St. NE E20
Salem, OR 97301**

Fax: **503-934-5023**

Toll-free: **877-642-0450** (all relay calls accepted)

The OHA Ombuds Program is explained in more detail in the “Contact us” section of the handbook on [page 37](#).



Civil rights and nondiscrimination policy

As an Oregon Health Plan member, you have the right to:

- › Safe non-emergency medical transportation (NEMT) for your medical appointments.
- › Be treated with dignity and respect, the same as other patients.
- › Have written materials explained in a manner that is understandable.
- › Written materials in other languages, braille, large print, audio or other formats.
- › Choose your health care providers.
- › Tell your provider about all your health concerns.
- › Have a friend or helper come to your appointments.
- › Free help from an OHA certified or qualified health care interpreter in your preferred spoken or signed language at all your medical appointments.
- › Get information on all your covered and non-covered treatment options.
- › Help make decisions about your health care, including refusing treatment.



Your Rights

- › **Not have people hold you down or keep you away from others as a way to:**
 - › Make you do something you don't want to do.
 - › Make caring for you easier for your providers.
 - › Punish you for something you said or did.
- › A referral or second opinion, if you need it.
- › Get care when you need it, any time of day or night.
- › Behavioral health (mental health and substance use disorder treatment) and family planning services without a referral.
- › Help with addiction to cigarettes, alcohol and drugs without a referral.
- › Get handbooks and letters you can understand.
- › See and get a copy of your health records, unless restricted by law.
- › Limit who can see your health records.
- › A notice if you are denied a service or your service level changes.
- › Information and help to appeal and get a hearing for service or prior authorization denials.
- › Make complaints and get a response without bad treatment from your plan or provider.
- › Free help from the OHA Ombuds Program. See Ombuds Program on [page 37](#) for more information.

OHA's nondiscrimination policy

OHA and all Medicaid providers must follow state and federal civil rights laws. They cannot treat people unfairly in any of their programs or activities because of a person's:

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

Rights of minors (under age 18)

There are times when people under the age of 18 (minors) may want or need to get health care services on their own. To learn more, read "[Understanding Minor Consent and Confidentiality in Health Care in Oregon](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf)" at sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf. This booklet tells you the types of services minors can get on their own and how minors' health care information may be shared.



Your Rights

Disability rights (Americans with Disabilities Act, or ADA)

The Americans with Disabilities Act (ADA) ensures that people with disabilities get full and equal access to health care services and facilities. To gain full and equal access, people with disabilities have a right to reasonable changes (called “modifications”).

You can ask for a modification from your Medicaid provider to help you get the care that you need. If your provider will not give you a modification, please let OHA know by contacting OHA’s Client Services at **800-273-0557** (all relay calls accepted). Or you can file a complaint of discrimination by emailing OHA.PublicCivilRights@odhsoha.oregon.gov or calling **844-882-7889**.



How to report discrimination

If you feel you were treated unfairly for any of the above reasons, contact the [OHA Civil Rights and Inclusion section manager](#) in one of these ways:

Web: oregon.gov/OHA/EI
Email: OHA.PublicCivilRights@odhsoha.oregon.gov
Phone: **844-882-7889**. We accept all relay calls.
Mail: **OHA Office of Equity and Inclusion**
421 SW Oak St., Suite 750
Portland, OR 97204

You also have a right to file a civil rights complaint with the [U.S. Department of Health and Human Services Office for Civil Rights](#). Contact that office one of these ways:

Web: hhs.gov/OCR
Email: OCRComplaint@hhs.gov
Phone: **800-368-1019**; TTY **800-537-7697**
Mail: **200 Independence Ave SW, Room 509F**
HHH Building
Washington, D.C. 20201

You can also contact the [Bureau of Labor and Industries Civil Rights Division](#) in one of these ways:

Web: oregon.gov/boli/workers/Pages/complaint.aspx
Email: help@boli.state.or.us
Phone: **971-673-0761**. We accept all relay calls.
Mail: **Bureau of Labor and Industries**
Civil Rights Division
800 NE Oregon St., Suite 1045
Portland, OR 97232



How to report fraud

Please call, email or write us if you think you see fraud, such as:

- › Someone charging for a service you didn’t get
- › Someone using another person’s member card to get OHP benefits

To report fraud by a health care provider:

Provider Audit Unit
P.O. Box 14152
3406 Cherry Avenue NE
Salem, OR 97309-9965
Email: opi.referrals@oha.oregon.gov
Phone: **888-372-8301**
Fax: **503-378-2577**

To report fraud by an OHP Open Card member:

ODHS Investigations Unit
P.O. Box 14150
Salem, OR 97309
Phone: **888-372-8301**
Fax: **503-373-1525**

You can also [report fraud online](#) at oregon.gov/odhs/financial-recovery/pages/fraud.aspx.



8. Your Responsibilities





Your Responsibilities

When you applied for medical benefits, you agreed to give the Oregon Health Authority and Oregon Department of Human Services true, correct and accurate information when asked for it. In this section, you will learn about other things you need to do as an OHP member.

This section highlights important responsibilities for Open Card members to know. To [learn more about all member responsibilities](https://www.oregon.gov/OHA/HSD/OHP/Pages/Member-Rights.aspx), visit [oregon.gov/OHA/HSD/OHP/Pages/Member-Rights.aspx](https://www.oregon.gov/OHA/HSD/OHP/Pages/Member-Rights.aspx).

As an OHP Open Card member, you agree to:

Read all mail from OHA

Read all letters that the Oregon Health Authority and Oregon Department of Human Services and your coordinated care organization (CCO) send you. If you have questions, call your coordinated care organization or OHP Client Services at **800-273-0557** and ask for help.

Visit and engage with your health care providers

- › Find a health care provider you can work with and tell that provider about your health.
- › Have yearly checkups, wellness visits and other services to prevent illness and keep you healthy.
- › Tell your provider if you get hurt in an accident.
- › Follow your providers' and pharmacists' directions, or ask for other choices.
- › Treat providers and their staff with the same respect you want.
- › Be honest with your providers to get the best service.
- › Tell the receptionist about any health insurance you have, including Open Card.
- › Bring your medical ID cards to appointments (Open Card ID, plan ID, Medicare ID cards, private insurance).
- › Be on time for appointments.
- › Call your provider at least one day before if you can't make it to an appointment.

Report changes

Within 10 days, let OHP know of any changes related to:

- › Your legal name
- › The address where you live or get mail
- › Your household or family — for example, you marry, divorce or have a child; someone becomes pregnant or a pregnancy ends; someone moves into or out of your household; or there is a death in your household
- › Your job or income — for example, you get or lose a job; your income from work goes up or down more than \$100; your monthly income from other sources goes up or down more than \$50
- › Your immigration status
- › Your tax filing status or who you claim as a tax dependent
- › Other health insurance or coverage you have — for example, you get or lose insurance from your job or Medicare
- › Other health insurance or coverage someone in your household has — for example, someone 19 or older gets health coverage a different way, such as from a new job
- › Getting injured by someone or making a personal injury claim
- › Any information you provided on your medical benefits application
- › Wanting to cancel your Open Card coverage



Your Responsibilities

You can report changes:

› By phone

- › Call **800-699-9075** (all relay calls accepted) Monday through Friday, 7 a.m. to 6 p.m. Pacific Time.
- › Call an [Open Card OHP-certified community partner in your area](#). Find one at OregonHealthCare.gov/GetHelp.

› In person

- › Visit any [Oregon Department of Human Services Office](#) (oregon.gov/odhs/pages/office-finder.aspx).
- › Get free, in-person help from an [Open Card OHP-certified community partner in your area](#). Find one at OregonHealthCare.gov/GetHelp.

› Online

- › Report most changes using your [ONE.Oregon.gov](#) account (or the Oregon ONE mobile app).
- › Report changes to private insurance or insurance you get from your job at [ReportTPL.org](#).
- › [Report getting injured by another person or business](#) at apps.oregon.gov/OPAR/PIL/.

› By mail or fax

- › **Report an address change by completing the [Address Change Form](#):** sharedsystems.dhsoha.state.or.us/DHSForms/Served/se0400.pdf.

› **This form is also available in:**

- **Spanish:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/ss0400.doc
- **Spanish large print:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sx0400.doc
- **Russian:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sr0400.doc
- **Vietnamese:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sv0400.doc
- **English large print:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sw0400.pdf

› **Report other changes by completing, dating and signing the [Change Report Form](#):**

sharedsystems.dhsoha.state.or.us/DHSForms/Served/de0943.pdf.

› **This form is also available in:**

- **Spanish:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/ds0943.pdf
- **Spanish large print:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/dx0943.pdf
- **Russian:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/dr0943.pdf
- **Vietnamese:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/dv0943.pdf
- **Somali:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/di0943.pdf
- **English large print:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/dw0943.pdf

› **Mail your completed form to:**

Open Card OHP
P.O. Box 14015
Salem, OR 97309-5032

› **Complete an [Open Card OHP cover sheet](#) (sharedsystems.dhsoha.state.or.us/DHSForms/Served/he7221.pdf) and fax it to: **503-378-5628**.**

› **Note:** If you qualify for Open Card OHP Plus benefits but want to enroll in private health insurance coverage, known as a qualified health plan (QHP), at [HealthCare.gov](#):

- › Canceling your Open Card OHP does not mean that you no longer qualify for Open Card OHP Plus.
- › As long as you qualify for Open Card OHP Plus, you will not qualify for financial help to pay for the QHP's monthly premium. You would need to pay full cost.



9. Glossary





Glossary

Use this glossary to help you understand words and acronyms used in this handbook.

Advocate: A person who gives you support or helps protect your rights.

Assister: These are people based in communities across Oregon who can help you with new applications and your application status, renewals, changes to your coordinated care organization, urgent medical needs, complex case questions, submitting documents or new information requested by the Oregon Health Plan.

Authorized representative: A person you say can make decisions and sign things for you. This person could be a family member or legal guardian. If you want an authorized representative, you must fill out a special form.

Behavioral health care: Treatment for mental health conditions or substance use disorders.

Benefits: The services that your health care plan pays for.

Community partner: A local person or organization that helps people apply for health care. Help is free.

Complaint: A formal way of communicating that you are not happy with your health care services or provider.

Coordinated care organization (CCO): A CCO is a local organization that helps some Oregon Health Plan (OHP) members use their benefits. CCOs are made up of all types of health care providers in a community. They work together to care for OHP members in an area or region of the state. As an Open Card member, you may or may not be part of a CCO.

Copay or copayment: A copay is a fee some people must pay for services. Medicare and other plans may pay for services but also require you to pay a small fee. If your service is covered by Open Card, there is no copay.

Covered (benefits): The services that your health care plan pays for.

Deductible: The amount you pay for covered health care services before your insurance plan starts to pay. In any overlap with OHP and other coverage, any of the deductibles and copays left over for the member after the other coverage pays should get billed to OHP.

Denial: A denial or Notice of Denial is an official decision by the Oregon Health Authority to stop paying for services you are receiving.

Durable medical equipment: Medical equipment such as wheelchairs and hospital beds. They are durable because they last. They do not get used up like medical supplies.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program: This benefit is for children and teens through age 20. Covered screenings follow the Bright Futures schedule, guidelines on health promotion and prevention from the American Academy of Pediatrics. Learn more at oregon.gov/EPSDT. Screening visits are also known as “well-child checks.”

Eligible: Being eligible means you meet the conditions or requirements for a program.

Enroll: To register to become an Oregon Health Plan (OHP) member.

Emergency medical condition: An illness or injury that needs care right now. A physical health example is bleeding that won't stop or a broken bone. A mental health example is feeling out of control or feeling like hurting yourself.

Emergency medical transportation: Using an ambulance to get to care. Emergency medical technicians (EMT) give you care during the ride or flight. This happens when you call 911.

Emergency care: Care you get when you have severe and life-threatening situations, and it is not safe to wait. This care happens in an emergency department, sometimes referred to as an emergency room or ER. Emergency care is different from urgent care (see definition in glossary).



Glossary

Emergency room: Also known as the ER, this is the place in a hospital where you can get care right away during a medical crisis.

Emergency services: Care you get during a medical crisis. These services help make you stable when you have a serious condition.

Fraud: When someone tricks or deceives another person to gain a benefit that is not authorized.

Grievance: A formal way of communicating that you are not happy with your health care services or provider. This is also called a complaint.

Habilitation services and devices: Services and devices that teach daily living skills. An example could be speech therapy for a child who has not started to speak.

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

Health-Related Social Needs (HRSN): Social and economic barriers to health, such as not having stable housing or not always having enough food.

Hearing: When you ask the Oregon Health Authority to review a decision that it or your plan made about covering a health care service. Hearings are held by a judge who is not part of the Oregon Health Authority.

Home health care: Services you get at home to help you live better. For example, you may get help after a surgery, illness or injury. Some of these services help with medicine, meals and bathing.

Hospice services: Services to comfort a person during end-of-life care.

Hospital care: Medical care provided in a hospital.

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

Household: The family members who live with you. This may be your spouse, children or other dependents you can claim on your taxes.

Inpatient care: When you get care and stay at a hospital for at least three nights.

Medicaid: A national program that helps with health care costs for people with low incomes. In Oregon, it's part of the Oregon Health Plan (OHP).

Medically appropriate: Treatment that is safe and effective.

Medically necessary: Services and supplies that your health care provider says you need. You need them to prevent, diagnose or treat a condition or its symptoms.

Medicare: A federal health care program for people 65 or older. It also helps people of any age who have disabilities.

Medicare Savings Programs: Programs for people with limited income that help pay out-of-pocket Medicare costs, such as Medicare premiums and, in some cases, deductibles, copayments, and coinsurance.

Member (or Open Card member): You receive health care through the Oregon Health Plan. When you are not enrolled in a coordinated care organization, you are an Open Card member because the Oregon Health Authority pays for your care. OHA covers any service not covered by the coordinated care organization.

Network (or) in network: A network is a group of providers that a coordinated care organization contracts with to provide services. They are the doctors, dentists, therapists and other providers who work together to keep you healthy. "In network" means you receive health care through this group.



Glossary

Network provider: A provider who has a contract with Open Card. When a provider is part of the network, this means Open Card pays for the services you receive. Also called a “participating provider.”

Non-network provider: A provider who does not have a contract with Open Card. These providers may not accept Open Card payment for their services. You might have to pay for the services you receive from a non-network provider. Also called a “non-participating provider.”

OHP Plus: The most comprehensive benefit package. It covers most health care services, including medical, dental, behavioral health (mental health and substance use disorder treatment), vision and prescriptions.

Ombudsperson: Oregon Health Authority staff who advocate for Oregon Health Plan members to make sure they get quality care.

ONE system: The ONE Eligibility system provides options for people in Oregon to apply for services and benefits related to their health, food, money or child care. Using ONE, people can apply for these benefits in person, online or by phone.

Open Card: Health care covered by the Oregon Health Authority (OHA). When you are not enrolled in a coordinated care organization (CCO), you are an Open Card member because OHA pays for your care. OHA covers any service not covered by the CCO.

Open enrollment: A time of year when you can sign up for private health insurance. You can apply for the Oregon Health Plan at any time during the year.

Oregon Department of Human Services (ODHS): The public agency in Oregon in charge of programs such as Supplemental Nutrition Assistance Program (SNAP) and Medicaid. ODHS and Oregon Health Authority (OHA) work together to make sure you have the care you need.

Oregon Health Authority (OHA): The public agency in Oregon that is in charge of the Oregon Health Plan (OHP) and other health services.

Oregon Health Plan (OHP): Oregon’s medical assistance program. It helps people get access to care who might otherwise not receive these benefits.

Out-of-pocket costs: Costs associated with your health plan that you are responsible for, such as monthly premiums for Medicare and copays.

Outpatient care: When you get care at a hospital but do not need to stay overnight.

Patient-centered primary care home (PCPCH): A health care clinic that focuses on the patient or member. This kind of clinic is called a “home” because it includes different providers all in one place. It does not mean a home that a person or family lives in.

Physician services: Services you get from a doctor.

Plan: A plan is set up by a private company or a state agency, such as the Oregon Health Authority Oregon Health Plan, to offer and pay for health care services. Most plans pay for physical, dental and behavioral health care.

Preferred Drug List (PDL): A list of medications that are covered by the Oregon Health Plan (OHP).

Premium: What a person pays for insurance.

Prescription drug coverage: Health insurance that helps pay for medications.

Prescription drugs: Medications that your health care provider tells you to take and that you cannot buy without a prescription from your provider.

Prevention: What you do to stay healthy and not get sick. This includes checkups and flu shots.



Glossary

Primary care provider or primary care physician (PCP):

The medical professional who takes care of your health. This is usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant or sometimes a naturopath.

Prior authorization (also called pre-approval):

Sometimes, your health care provider must send information to the Oregon Health Plan (OHP) before OHP Open Card will pay for your services or medicine. OHP reviews the information and then sends a document saying whether your plan will pay. This process is called prior authorization or pre-approval.

Provider: A licensed person or group that offers a health care service. Examples are a doctor, dentist or therapist.

Qualified Medicare Beneficiary Program: This is a Medicare Savings Program. It helps people pay out-of-pocket costs for services that are covered by Medicare.

Referral: The direction of a patient to a medical specialist by a primary care physician.

Rehabilitation services: Services to help you get back to full health, usually after surgery, injury or substance use.

Relay calls: Calls that allow people who are Deaf or Hard of Hearing, deafblind, or who have speech disabilities, to communicate by telephone. Also called Telecommunications Relay Services (TRS).

Renewal: Oregon Health Plan members must make sure they still qualify for health benefits. This is called renewing. For most people renewal happens every two years. Young children will not have to renew until after their sixth birthday.

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 your own home.

Routine: A procedure generally administered by a medical professional under circumstances involving little or no risk of causing injury to the patient. Examples include physical exams, blood draws and flu vaccinations.

Specialist: A provider trained to care for a certain part of the body or type of illness.

Urgent care: Care that you need the same day to keep you from feeling much worse or to avoid losing function in part of your body. It could be for serious pain. Urgent care is different from emergency care (see definition in glossary).

Wraparound services: A voluntary process to help children and their families address a child's behavioral health issues.

Young Adults with Special Health Care Needs: In 2025 this benefit applies to young adults, 19-20 years old, with other qualifying factors. The benefit includes Early and Periodic Screening, Diagnostic and Treatment (EPSDT), more vision and dental benefits, and access to Health-Related Social Needs (HRSN) benefits.



10. Appendix

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Appendix

A. More information about rides

The “Help getting a ride” section of this handbook provides information about [how to get free rides to health care services that are covered by Open Card](#). This appendix provides more details. For more information, you can go to oregon.gov/oha/HSD/OHP/Pages/NEMT.aspx.

Calling to schedule rides

When you call your county’s non-emergency medical transportation (NEMT) company:

- › The company will need to confirm that you are eligible by determining if your health care qualifies as a covered service or a health-related service.
- › The company can help in your preferred language and in a way that you can understand.
- › The company will help figure out what type of ride best fits your needs.
- › If you or anyone riding with you requires a seat belt extender, you must notify the company when you schedule the ride.
- › If you want additional stops, like a stop at a pharmacy, you must ask when you call.
- › You can call up to 90 days before your appointment.
- › You can schedule rides for more than one appointment. If you have several appointments, you may be asked to schedule more than one on the same day.

If you have a ride scheduled with a ride service

How to cancel or change a ride

If you need to cancel or reschedule your ride, or have any questions about your ride, please call your NEMT company at least two hours before the pickup time. If you can’t call during business hours, leave a message.



Non-emergency medical transportation (NEMT) companies

If you live in this county:	Call:
Crook, Deschutes, Jefferson	Cascades East Ride Center 866-385-8680
Clatsop, Columbia, Tillamook	NW MedLink 833-585-4221
Lane	RideSource 877-800-9899
Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake	TransLink 888-518-8160
Clackamas, Multnomah, Washington, Yamhill	Tri-County MedLink 866-336-2906
Benton, Lincoln, Linn	Cascades West Ride Line 866-724-2975
Marion, Polk	Marion-Polk MedLink 877-236-4026
Baker, Gilliam, Grant, Harney, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, Wheeler	GOBHI Transportation Services 877-875-4657



Appendix

Getting picked up and dropped off

If the company arranges for a driver to pick you up:

1. You will get the driver's name and number before your appointment.
2. The NEMT company will contact you at least two days before your ride.
3. The driver will pick you up at your scheduled time and place. Because this is a shared ride program, other passengers may be picked up and dropped off along the way.
4. If you are late, the driver will wait for 15 minutes after your scheduled time. That means if your ride is scheduled for 10 a.m., they will wait for you until 10:15 a.m. Then they will leave. **Important:** *If you don't show up, you may not be able to get rides as easily in the future.*
5. If the driver has not arrived by 15 minutes after your scheduled pickup time, call the company.
6. The driver will drop you off for your appointment at least 15 minutes before it starts.

First and last appointments of the day

If you have the **first** appointment of your provider's day, the driver will drop you off no more than 15 minutes before the office opens.

If you have the **last** appointment of your provider's day, the driver will pick you up no later than 15 minutes after the office closes (unless the appointment is expected to run longer).

If you want to be picked up or dropped off at a different time, you have to ask when you call to schedule your ride.

If you don't schedule a pickup time

If you don't schedule a pickup time for your return trip, call your county's NEMT company when you are ready. The driver will be there within one hour after you call.

If your ride request is denied

If you ask for a ride and the NEMT company cannot provide one, they will call you to let you know. You will also get a written notice.

If you get a bill for a ride

Rides to covered services are free. You should not get a bill from the NEMT company. If you do get a bill for a ride, please contact OHP Client Services at **800-273-0557**.

If you or someone you know drives

When you call the NEMT company, you can talk about driving your own car or getting a ride from someone you know. The company is not responsible for setting up these kinds of rides.

How to get paid for miles driven

When you drive yourself — or someone you know drives you — so you can get health care that is covered by Open Card, you or the person driving you can get paid \$0.44 for each mile driven. This rate is valid as of December 2023 and is subject to change.

To get paid, you have to:

1. Call your county's NEMT company to let them know when you will be driving.
2. Talk to the company about the information they will need about your trip or trips. This information is called a "trip log."
3. Send your trip log to the company within 45 days of your first trip. If you don't send the information within 45 days, the company may not pay.

If the Open Card member is younger than 16 years old, the company can pay if the driver is their parent, guardian or someone else as an "attendant" whom the parent or legal guardian authorizes.



Appendix

How to get paid back for meals and lodging

If you have an appointment for covered health services that is outside of your local area, you may be eligible to get paid back for your meals and/or lodging. The rates listed below are valid as of December 2023 and are subject to change.

If medically necessary, one attendant, parent or guardian may go with the Open Card member and receive a refund for meals and lodging. This is allowed if any of the following apply:

- › The member is a minor child and unable to travel alone.
- › A health care provider gives a signed statement saying that an attendant is required.
- › You are mentally or physically unable to get to your appointment without help.
- › You would be unable to return home without help.

Additional attendants may be refunded for meals and lodging under special situations if necessary. This is up to the NEMT company to decide.

Meals

You can get paid back for meals if you have to travel:

- › More than 30 miles, or 30 minutes, in urban areas
- › More than 60 miles, or 60 minutes, in rural areas
- › A round trip of four hours or more

An Open Card member and one attendant can each be paid back up to \$27 per day for meals:

- › \$6.50 for breakfast, if travel begins before 6 a.m.
- › \$7.50 for lunch, if travel includes the entire period from 11:30 a.m. to 1:30 p.m.
- › \$13 for dinner, if travel ends after 6:30 p.m.

You do not need to submit receipts for meals.

Lodging

You can get paid back for lodging if:

- › You would have to start traveling before 5 a.m. to get to your appointment.
- › You would get home after 9 p.m.
- › It is medically necessary according to your health care provider.
- › The NEMT company decides your situation.

An Open Card member and one attendant (if staying in a separate room) can each be paid back \$98 per night for lodging.

You cannot get paid for lodging for multiple appointments on different days if the appointments could be scheduled on the same day.

The NEMT company will tell you what documents they need before they can pay.

The company may wait to pay until the amount owed is \$10 or more.

Overpayments

If the NEMT company pays you too much for miles, meals or lodging, they may ask you to pay back the extra money. This can happen, for example, if:

You didn't go to your appointment but money was paid.

You shared a ride with another Open Card member and both got paid for the same miles.

You got a bus ticket and then sold or gave it to someone else.



Appendix

Safety requirements

Seat belts

By law, all people must wear an appropriate restraint while riding in a moving vehicle.

Adults must wear seat belts. If you or anyone riding with you requires a seat belt extender, you must notify the company when you schedule the ride.

Car seats and booster seats

Car seats and booster seats are required by law for all children until they:

- › Are taller than 4-foot-9
- › Weigh more than 40 pounds
- › Are more than 8 years old

If you need a car seat or booster seat, you must bring one and install it in the car. The driver cannot install the seat for you.

You cannot leave the seat in the driver's vehicle. This is because a different driver may pick you up after your appointment.

Wheelchairs and other mobility aids

If you use a wheelchair, power wheelchair, scooter or other mobility aids, please let the NEMT company know when you schedule your ride. This is to make sure that the right vehicle is scheduled for you.

If you use a non-standard or oversized wheelchair, you must tell the NEMT company when you schedule your ride so that the right vehicle can be sent. **An oversized wheelchair:**

- › Is more than 30 inches wide, or
- › Is more than 48 inches long, or
- › Weighs more than 600 pounds when occupied

Three-wheeled scooters are difficult to secure once in the vehicle. If you use a scooter, you will probably be asked to secure yourself into a vehicle seat for your safety. You are not required to do so.

If you use a walker or cane, it will need to be safely stowed in the vehicle once you are seated. The driver will help you secure your equipment if needed.

Oxygen tanks must be secured in a carrier used for mobility.

Attendants

If you need more help than your driver can provide, an attendant must come with you. An attendant is an adult who travels with you to provide help. The attendant can be a friend, family member or guardian. The attendant can also be anyone 18 years or older authorized by you or your parent or guardian.

If you need an attendant, you (or your guardian or caregiver) must arrange for that person to go with you.

One attendant can ride with you for free. Additional riders may have to pay.

Attendants for children and people with special needs

Some Open Card members must have an attendant with them for all rides. This includes children 12 years old or younger, and anyone with special physical or developmental needs. **The attendant must be one of the following:**

- › The member's mother, father, stepmother, stepfather, grandparent or guardian
- › Another adult relative
- › An adult identified in writing by the parent or guardian as an attendant
- › A volunteer or employee of the Oregon Department of Human Services



Appendix

An adult attendant can ride with a child for free. If the child is 13 years old or older, an adult attendant is not required, but an adult may ride for free with a child up to 18 years old. Most health care providers require an adult signature for most procedures for any child under 18 years of age.

Oregon law requires children to be in car seats or booster seats. Please see the section above.

Your rights and responsibilities as a rider

You have the right to:

- › Get a safe and reliable ride that meets your needs.
- › Be treated with respect.
- › Ask for interpretation services when talking to customer service.
- › Get materials in a language or format that meets your needs.
- › Get a written notice when a ride is denied.
- › Ask for a hearing if you feel you were unfairly denied a ride.
- › Make a complaint at any time. **For example, you can make a complaint if:**
 - › You are concerned about vehicle safety.
 - › You had a bad interaction with a driver (such as a driver being rude).
 - › Your ride was not provided as planned.
 - › Your other rights described above were not met.

Your responsibilities are to:

- › Treat drivers and other passengers with respect.
- › Call the NEMT company as early as possible to schedule, change or cancel a ride.
- › Use seat belts and other safety equipment as required by law.
- › Ask for any additional stops, like a stop at a pharmacy, in advance.



Appendix

B. Administrative Hearing Request MSC 443 Form

To request a hearing, you can print and fill out the form in black or blue ink, or follow [this link](#) to fill in the digital version and then print it. You can also use the [online version](#) to complete this request. Details on how to submit the print form are on [page 42](#).



Administrative Hearing Request



If you want a hearing for cash, child care or medical services (*specific medical procedure or medicine*), you or your representative must fill out this form. You can also use this form to ask for a medical program or food benefit hearing, or you can make an oral request. **A DHS or OHA employee can help you complete this form.**

Claimant or claimant's representative completes this part

Is claimant English speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want your hearing documents in an alternate format? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "no," claimant's preferred language:	If "yes," please specify type of alternate format:

The administrative law judge may conduct the hearing by phone. You may be at the branch or another place. Do you need a reasonable accommodation to participate?
 Yes No If "yes," please specify:

Claimant's name:	Telephone number:	Message number:	Email address (optional):	
Address:		City:	State:	ZIP code:
Name of lawyer or representative:	Email address (optional):		Telephone number:	
Address:		City:	State:	ZIP code:

I am asking for a hearing because I do not agree with the decision to Close Reduce my benefits
 Deny Charge me with an overpayment Other: _____
 I did I did not (*choose one*) receive a written notice to deny my application or to reduce or close my benefits. **Date of the notice:** ___ / ___ / ___

Hearing requested for:
 SNAP (*Food benefits*) Child care TANF (*Cash benefits*) Other: _____
 Long-term care Domestic violence Medical program Medical service (*procedure or medicine*)

Briefly explain why you disagree.

Please read "part 3" on the back of this form for information about expedited hearings.
Check this box if you meet the requirements for an expedited hearing.

Before you answer this question, **please read "part 2" on the back of this form.**
Do you want your benefits to stay the same (*not be reduced or stopped*) while you wait for the hearing?
 Yes No (**Note: Your benefits may change if something else happens that affects the benefit.**)

I understand I will be asked to have an informal conference with an agency representative.
Claimant's signature (*or claimant's representative*): _____ Claimant's Social Security or case number*: _____ Date: _____
x _____ - - - / /

*The Department of Human Services (DHS) and the Oregon Health Authority (OHA) are authorized to request your Social Security number (SSN) under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b), and OAR 461-120-0210. Your SSN will be used to locate your file and records. Providing an SSN is voluntary.

DHS/OHA completes this part			
Date of notice:	Date received by DHS or OHA (<i>can be oral for SNAP and medical programs</i>):	Program:	Cost center/branch number:
/ /	/ /		
Case number:		Worker ID number:	



Appendix

C. Request to Review a Health Care Decision OHP 3302 Form

To request a review of a health care decision, you can print and fill out the form in black or blue ink, or follow [this link](#) to access the form. You can access the [online form](#) to complete this request. Details on how to submit the print form are on [page 42](#).



Agency Use Only		
Program	Branch	Case Number

Request to review a health care decision

Complete pages 3 and 4 of this form or fill out the online form at bit.ly/ohp-hearing-form.

Send appeal requests to:

Your CCO or Plan
(Use the address listed on
the Notice of Action from your CCO or plan)

Send hearing requests to:

OHA-Medical Hearings
500 Summer St NE E49
Salem, OR 97301-1077 Fax: 503-945-6035

Type of request - Check only one of the following (see page 1 for more information):

Members of a CCO or plan **must** ask for an appeal before they can ask OHA for a hearing. Asking for an appeal or hearing will **not** affect your Oregon Health Plan eligibility. The choice is yours.

- Appeal request:** Asks the CCO or plan to review their denial decision.
Attach a copy of the "Notice of Action" (decision notice) from your CCO or plan.
- Hearing request:** Asks OHA to review the CCO or plan's denial and appeal decision.
Attach a copy of the "Notice of Appeal Resolution" (appeal decision) from your CCO or plan.

Tell us about the member who received the service denial:

- Member name: _____ Client ID#: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Phone number: _____ Date of birth: _____
Social Security number* (optional): _____
Spoken language: English Spanish Russian Vietnamese
 Other: _____

Do you need written material in another format? Yes No

If yes, please specify:

**The law allows the Oregon Health Authority to ask for your Social Security number (SSN). You can find these laws under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 436.920, and 42 CFR 457.340(b). You are not required to give an SSN. If you do, OHA will use it only to help locate your file and records.*

- Does the member have someone who will help with the appeal or hearing? Example: friend, family member, advocate, doctor or lawyer. *If you don't have one now, you can add a representative at any time before the appeal or hearing:*

- No
- Yes, name: _____
Address, City, State, ZIP: _____
Phone number: _____

Who completed this form? Tell us about that person (if different from the member):

- Name: _____ Phone number: _____
- Relationship to member: _____



Appendix

Tell us about the request:

5. What service(s) were denied? List them here.

6. Did the member get the decision notice in writing? Check one:

Yes. Notice date: _____

No

7. Was the member getting the service(s) before they were denied?

Yes

No

8. If the member was getting the service(s) before they were denied, does the member want to keep getting them during the appeal and hearing process?

Yes (*before checking this box, read the Continuing Services section on page 2*)

No

Does not apply: Member was not getting the service(s) before the denial.

9. Does the member need a faster appeal or hearing decision because waiting could put the member's life, health, or ability to function in danger?

No

Yes. *Please explain how waiting may harm the member.*

10. Tell us why the CCO or plan should cover this service. *You may also send documents and medical records that tell us why.*

Member signature (required for appeal requests):

Signature of member or member's legal representative

Date

Oregon Health Plan Open Card Member Handbook

Quick reference contacts

**Oregon Health Plan (OHP)
Client Services** **800-273-0557**
(all relay calls accepted)

If you get a bill, need help making an appointment, have questions about coverage or need a new Oregon Health ID card or handbook

**ONE Eligibility
Customer Service** **800-699-9075**
(all relay calls accepted)

If you have questions about your eligibility for OHP; need to report changes such as address, income or other health insurance; or need help using the ONE system

Care Coordination **800-562-4620**
If you are not enrolled in a coordinated care organization and need help finding a provider that accepts OHP Open Card

Nurse Advice Line **800-562-4620**
If you need advice from a nurse

Local Help oregonhealthcare.gov/gethelp
If you would like free help from a local community partner

Emergencies
If you have a physical or dental health emergency **911**
If you have a behavioral health emergency **988**

This member handbook provides general information only. It does not include medical advice and does not guarantee coverage. For complete details on your benefits and coverage, including exclusions, limitations and plan terms, please call Client Services **800-273-0557**

This version of the Open Card Handbook is accurate as of its publication date of July 2024.
A current PDF version of this handbook is available online at OHP.Oregon.gov.

