



allcare cco

Member Handbook

Your guide to benefits and services
January 2023



Revised October 25, 2023

Welcome to the 2023 AllCare CCO Member Handbook.

This handbook can help you know and understand the benefits of your AllCare CCO Health Plan. If you ever have any questions, Please call Customer Care between 8:00 a.m. and 8:00 p.m., 7 days a week at (541) 471-4106 or toll free at (888) 460-0185. If you are hearing impaired, dial the TTY number 711. If you need an interpreter, call our language access number at (888) 260-4297.

Handbook updates.

AllCare CCO mails a member handbook to newly enrolled or re-enrolled members when the Oregon Health Authority (OHA) notifies us that you are enrolled in the Oregon Health Plan (OHP) and assigned to AllCare Health as your CCO, as is required by federal law. Here is where you can find the most up to date handbook: **[AllCareHealth.com/medicaid/services/customer-care/member-handbook](https://www.allcarehealth.com/medicaid/services/customer-care/member-handbook)**. If you need help or have questions, call Customer Care at the phone numbers listed at the bottom of this page.

Helpful tips when using this handbook.

Always carry your OHP and AllCare CCO member ID cards with you.

- Note: These will come separately, and you will receive your OHP ID card before your AllCare CCO member ID card.

You can find your AllCare CCO ID Card in the welcome packet with this member handbook. Your ID card has the following information:

- Your Name.
- Your ID number.
- Your Plan Information.
- Your Primary Care Provider Name and Information.
- Customer Care Phone Number.
- Language Access Phone Number.
- Transportation Benefits Information.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

There is a glossary at the end of this handbook that has definitions of words that may be helpful to know.

Important information to have handy.

My Primary Care Provider is: _____

Their number is: _____

My Primary Care Dentist is: _____

Their number is: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

Free help in other languages and formats.

Everyone has a right to know about AllCare CCO's programs and services. All members have a right to know how to use our programs and services.

We give these kinds of free help:

- Sign language interpreters.
- Qualified and certified spoken language interpreters for other languages.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

You can find this member handbook on our website at:

AllCareHealth.com/Medicaid/Services/Member-Care/Member-Handbook.

If you need help or have questions, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Getting the handbook in another language or format.

You or your representative can get member materials like this handbook or CCO notices in other languages, large print, Braille or any format you prefer. You will get materials within 5 days of your request. This help is free. Every format has the same information. Examples of member materials are:

- This handbook.
- List of covered medications.
- List of providers.
- Documents, like complaint, denial, and appeal notices.

Your use of benefits, complaints, appeals, or hearings will not be denied or limited based on your need for another language or format.

You can ask for materials electronically. Fill out the secure contact form on our website at **[AllCareHealth.com/Contact-Us](https://www.allcarehealth.com/contact-us)**. Please let us know which documents you would like emailed to you. You can also call Customer Care at the phone numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

You can have an interpreter.

You, your representative, family members and caregivers can ask for a certified and qualified health care interpreter. You can also ask for written interpreters or auxiliary aids and services. These services are free.

Tell your provider's office if you need an interpreter at your visit. Tell them what language or format you need. Learn more about certified Health Care Interpreters at: **[Oregon.gov/OHA/OEI](https://www.oregon.gov/OHA/OEI)**.

If you need help, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page, or call OHP Client Services at (800) 273-0557, TTY 711. See **page 155** for “Complaint, appeal and hearing rights.”

If you do not get the interpreter help you need, call the state's Language Access Services Program coordinator at (844) 882-7889, TTY 711. or email:

LanguageAccess.Info@odhsoha.oregon.gov.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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Language access statement.

English

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call Customer Care **(888) 460-0185**, language access **(888) 260-4297**, or TTY **711**. We accept relay calls. You can get help from a certified and qualified health care interpreter.

Spanish (Español)

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente **(888) 460-0185**, acceso lingüístico **(888) 260-4297**, o TTY **711**. Aceptamos todas las llamadas de retransmisión. Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Chinese (繁體中文)

您可以獲取本信函的其他語言版本、大號字體印刷版、盲文版或您想要的格式版本。您還可以申請口譯服務。這些幫助是免費提供的。請撥打客戶服務部電話 **(888) 460-0185**，獲取語言服務電話 **(888) 260-4297** 或 TTY **711**。我們接受中繼服務電話。您可以獲得經認證的合格醫療保健口譯員提供的服務。

Korean (한국어)

본 서신을 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아 보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 이러한 지원은 무료로 제공됩니다. 고객 서비스부에 **(888) 460-0185** 번으로, 언어 지원은 **(888) 260-4297** 번으로, TTY 는 **711** 번으로 전화해 주십시오. 저희는 릴레이 전화도 받습니다. 인증된 유자격 의료 통역사로부터 도움을 받으실 수 있습니다.

Gujarati (ગુજરાતી)

તમે આ પત્ર અન્ય ભાષાઓમાં, મોટી પ્રિન્ટમાં, બ્રેઇલમાં અથવા તમને પસંદ હોય તેવા ફોર્મેટમાં મેળવી શકો છો. તમે દુભાષિયા માટે પણ પૂછી શકો છો. આ મદદ મફત છે. ગ્રાહક સેવા **(888) 460-0185**, ભાષા અક્સેસ **(888) 260-4297** અથવા TTY **711** પર કૉલ કરો. અમે રિલે કૉલ્સ સ્વીકારીએ છીએ. તમે પ્રમાણિત અને યોગ્ય આરોગ્ય સંભાળ દુભાષિયા પાસેથી મદદ મેળવી શકો છો.

Punjabi (ਪੰਜਾਬੀ)

ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ, ਵੱਡੇ ਪ੍ਰਿੰਟ, ਬਰੇਲ ਲਿਪੀ ਜਾਂ ਕਸਿ ਅਜਹਿ ਪ੍ਰਾਰੂਪ ਵੱਚਿ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਜਿਸਨੂੰ ਤੁਸੀਂ ਤਰਜੀਹ ਦਿੰਦੇ ਹੋ। ਤੁਸੀਂ ਕਸਿ ਦੁਭਾਸ਼ੀਏ ਬਾਰੇ ਵੀ ਪੁੱਛ ਸਕਦੇ ਹੋ। ਇਹ ਮਦਦ ਮੁਫਤ ਹੈ। ਕਸਟਮਰ ਕੇਅਰ **(888) 460-0185**, ਭਾਸ਼ਾ ਪਹੁੰਚ **(888) 260-4297**, ਜਾਂ TTY **711** ਨੂੰ ਕਾਲ ਕਰੋ। ਅਸੀਂ ਰਲਿਅ ਕਾਲਾਂ ਸਵੀਕਾਰ ਕਰਦੇ ਹਾਂ। ਤੁਸੀਂ ਕਸਿ ਪ੍ਰਮਾਣਿਤ ਅਤੇ ਯੋਗਤਾ ਪ੍ਰਾਪਤ ਸਹਿਤ ਸੰਭਾਲ ਦੁਭਾਸ਼ੀਏ ਕੋਲੋਂ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ।

Vietnamese (Tiếng Việt)

Quý vị có thể nhận thư này bằng ngôn ngữ khác, ở dạng bản in khổ lớn, chữ Braille hay theo định dạng quý vị muốn. Quý vị cũng có thể yêu cầu thông dịch viên. Đây là trợ giúp miễn phí. Gọi cho bộ phận Chăm sóc Khách hàng **(888) 460-0185**, truy cập ngôn ngữ **(888) 260-4297**, hoặc TTY **711**. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp. Quý vị có thể được trợ giúp từ một thông dịch viên chăm sóc sức khỏe được chứng nhận và đủ tiêu chuẩn.

Russian (Русский)

Вы можете получить это письмо на другом языке, а также с использованием крупного шрифта, шрифта Брайля или в другом удобном для вас формате. Кроме того, вы можете запросить услуги переводчика. Эта помощь предоставляется на бесплатной основе. Вы можете обратиться в службу поддержки клиентов по телефону **(888) 460-0185**, а также воспользоваться программой преодоления языкового барьера по телефону **(888) 260-4297** или линией телетайпа **711**. Мы принимаем вызовы из службы ретрансляции телекоммуникаций. Также вы можете воспользоваться помощью сертифицированного квалифицированного переводчика, специализирующегося в области медицинского обслуживания.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Our nondiscrimination policy.

AllCare CCO must follow state and federal civil rights laws. We cannot treat people (including members and potential members) unfairly in any of our programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Health status
- Marital status
- National origin
- Need for health care services
- Race
- Religion
- Sex
- Sexual orientation

Everyone has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand.

We will make reasonable changes to policies, practices and procedures by talking with you about your needs.

We will not use any policy or practice that has the effect of discriminating on the **basis of health status or need for health care services.**

A members access to covered service grievance appeals and hearings will not be denied or limited based on the need to have the information in another format, different language, or the use of auxiliary aids.

To report discrimination, concerns, get help filing a grievance, or to get more information, please contact **Laura Matola, Civil Rights Coordinator**, in one of these ways:

- Web: <https://www.allcarehealth.com/non-discrimination-procedure-complaint-form>
- Email: Laura.Matola@AllCareHealth.com
- Phone: (888) 460-0185, TTY 711
- Mail: 1701 NE 7th Street
Grants Pass, OR 97526

If you need help filing a complaint or filling out forms, you may call and ask for Customer Care at the numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

You also have the right to file a civil rights complaint. Contact any of the following:

Oregon Health Authority (OHA) Civil Rights

- Web: www.oregon.gov/OHA/OEI
- Email: OHA.PublicCivilRights@odhsoha.oregon.gov
- Phone: (844) 882-7889, TTY 711
- Mail: Office of Equity and Inclusion Division
421 SW Oak St., Suite 750,
Portland, OR 97204

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

- Web: Ocrportal.hhs.gov/ocr/smartscreen/main.jsf
- Email: OCRComplaint@HHS.gov
- Phone: (800) 368-1019
(800) 537-7697 (TDD)
- Mail: Office for Civil Rights
200 Independence Ave., SW,
Room 509F HHH Bldg.
Washington, D.C. 20201

Bureau of Labor and Industries Civil Rights Division

- Web: Oregon.gov/boli/civil-rights
- Email: crdemail@boli.state.or.us
- Phone: (971) 673-0764
- Mail: Bureau of Labor and Industries
Civil Rights Division
800 NE Oregon St., Suite 1045,
Portland, OR 97232

We keep your information private.

We only share your records with people who need to see them. This could be for treatment or for payment reasons. You can limit who sees your records. Tell us in writing

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

if you don't want someone to see your records or if you want us to share your records with someone. You can find the form on our website at: www.allcarehealth.com/media/4153/achhc-authorized-representative-form-for-discussing-phi-v3.pdf. You can ask us for a list of who we have shared your records with.

A law called the Health Insurance Portability and Accountability Act (HIPAA) protects your medical records and keeps them private. This is also called confidentiality. We have a paper called Notice of Privacy Policy that explains how we use our members' personal information. We will send it to you if you ask. Just call AllCare CCO Customer Care at the phone numbers listed on the bottom of the previous page and ask for our Notice of Privacy Policy. You can read it at: AllCareHealth.com/Medicaid/Resources/Notice-of-Privacy-Practices or download here: AllCareHealth.com/Media/5910/2023accco-nopp-final.pdf.

Health records.

A health record has your health conditions and the services you used. It also shows the referrals that have been made for you.

What can you do with health records?

- Send your record to another provider as needed.
- Ask to fix or correct your records.
- Get a copy of your records, including, but not limited to:
 - Medical records from your provider
 - Dental records from your dentist
 - Records from AllCare CCO

There may be times when the law restricts your access. You may be charged a reasonable amount for a copy of the requested records.

Some records cannot be shared.

A provider cannot share health records when, in their professional judgment, sharing the records could cause a "clear and immediate" danger to you, others, or to society. A provider also cannot share records prepared for a court case.

Need help?

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Contents

Welcome to the 2023 AllCare CCO Member Handbook.	3
Handbook updates.	3
Helpful tips when using this handbook.	3
Important information to have handy.	4
Free help in other languages and formats.	5
Getting the handbook in another language or format.	6
You can have an interpreter.	7
Language access statement.	8
Our nondiscrimination policy.	11
We keep your information private.	12
Health records.	13
Important things to do.	18
Welcome to AllCare CCO!.	21
How OHP and AllCare CCO work together.	21
About AllCare CCO	21
AllCare CCO service area	22
Contact us.	22
Important phone numbers.	23
Contact the Oregon Health Plan.	24
Your rights and responsibilities.	25
Your rights as an OHP member.	25
Your responsibilities as an OHP member.	29
Family planning.	33
Transgender health.	34
Abortions.	34
Women's healthcare.	34
Members who are pregnant.	35
AllCare CCO pregnancy and prenatal care.	35
After the baby is born.	36
Newborn care.	37
Circumcision.	37
Immunizations, vaccines (shots).	37
Health services for older children and teens.	37

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Fee-For-Service (FFS).	38
American Indian and Alaska Native members.	38
New members who need services right away.	38
Survey about your health.	39
Prevention is important.	40
What your Member ID card does for you.	41
Change of address	42
Your benefits.	45
Getting approval, also called prior authorization (PA).	45
Provider referrals and self-referrals.	46
Physical health benefits.	47
Behavioral Health Benefits.	54
Peer Delivered Services.	56
Community Mental Health Programs (CMHP).	57
Behavioral Health prescriptions.	64
Substance Use Treatment Benefits.	64
Dental health providers	66
Choosing a Primary Care Dentist (PCD).	66
What Are My Dental benefits.	66
Other services and care that AllCare CCO pays for.	72
Services that OHP pays for.	73
Services that OHP pays for and provides care coordination.	74
Access to the care you need.	75
How long it takes to get care.	76
Second opinions.	78
Physician Incentives and Provider Payment.	78
Primary Care Providers (PCPs).	79
Choosing your Primary Care Provider (PCP).	80
Provider directory.	80
Using the online “Find A Doctor” tool.	81
If you already have a Primary Care Provider (PCP).	82
Changing your Primary Care Provider (PCP) or Primary Care Dentist (PCD).	82
Patient-Centered Primary Care Home (PCPCH).	83

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Meeting your Primary Care Provider (PCP).	84
Make an appointment.	85
Get help organizing your care with Care Coordination.	87
Intensive Care Coordination.	88
Special screening and preventive care for members under age 21.	90
Traditional Health Workers (THW).	94
Extra services.	95
Health-Related Services.	95
Flexible services.	96
Preventive healthcare: Keeping you healthy.	98
Quitting tobacco.	99
Healthy living.	99
Free rides to care.	100
Getting care by video or phone.	115
Prescription medications.	118
Services we do not cover.	120
What OHP does not cover.	120
What AllCare CCO does not cover.	121
Hospitals.	122
After you leave the hospital.	123
Urgent care.	124
Emergency care.	126
Physical emergencies.	127
Dental emergencies.	128
Nurse Help Line – (844) 747-5656.	128
Behavioral health crisis and emergencies.	130
Suicide prevention.	132
Get the help you need!	133
Follow-up care after an emergency.	135
Care away from home.	135
Bills for services.	137
Members with OHP and Medicare.	142
Changing CCOs and moving care.	143

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Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

When you can change or leave a CCO.	143
How to change or leave your CCO.	145
AllCare CCO can ask you to leave for some reasons.	145
Care while you change or leave a CCO.	146
End of life decisions.	148
What is the difference between a POLST and advance directive?.	150
Declaration for Mental Health Treatment.	151
Reporting Fraud, Waste, or Abuse.	152
What is Fraud, Waste or Abuse?	152
How to make a report of Fraud, Waste and Abuse.	153
Complaints, Grievances, Appeals and Fair Hearings.	155
You can ask us to change a decision we made.	157
Questions and answers about appeals and hearings.	160
Practice guidelines.. . . .	162
Physician incentives and provider payment.	162
Words to know.. . . .	163

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook



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Important things to do.

If you get sick: Call your Primary Care Provider (PCP). Their name and phone number can be found on your member ID card.

If you get sick after normal office hours: Call your PCP. The answering service will give you the phone number of the doctor on call that day.

OR call the FREE 24-hour Nurse Help Line at (844) 747-5656 any time of day or night.

If you believe you have an emergency medical condition: Go to the nearest hospital emergency room.

OR Call 9-1-1.

If you have questions about your AllCare CCO benefits: Please call Customer Care between 8:00 a.m. and 8:00 p.m., 7 days a week at (541) 471-4106 or toll free at (888) 460-0185. If you are hearing impaired, dial the TTY number 711. If you need an interpreter, call our language access number at (888) 260-4297.

You may also visit the AllCare CCO website at AllCareHealth.com/CCO.

If you want to view, download, or print a copy of our member handbook, please go to AllCareHealth.com/CCO/Member-Handbook. The member handbook is available online in English, Spanish, and audio versions. To request a member handbook in print, a different language, or in another format at no cost to you, call Customer Care between 8:00 a.m. and 8:00 p.m., 7 days a week at the phone numbers listed at the bottom of this page.

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Our offices are open
8:00 a.m. to 5:00 p.m.
to serve you.

Welcome to AllCare CCO!

We are glad you are part of AllCare CCO. AllCare CCO is happy to help with your health. We want to give you the best care we can.

It is important to know how to use your plan. This handbook tells you about our company, how to get care, and how to get the most from your benefits.

How OHP and AllCare CCO work together.

The Oregon Health Plan (OHP) is free health care coverage for Oregonians. OHP is Oregon's Medicaid program. It covers physical, dental, and behavioral health care services (behavioral health and substance use disorder treatment). OHP will also help with prescriptions and rides to care.

OHP has local health plans that help you use your benefits. The plans are called coordinated care organizations or CCOs. AllCare CCO is a CCO.

CCOs organize and pay for your health care. We pay doctors or providers in different ways to improve how you get care. This helps make sure providers focus on improving your overall health. You have a right to ask about how we pay providers. Provider payments or incentives will not change your care or how you get benefits. For more information, please call Customer Care at the phone numbers listed at the bottom of this page.

All CCOs offer the same OHP benefits. Some offer extra services like new baby items and gym memberships. Learn more about AllCare CCO benefits starting on **page 95**.

About AllCare CCO

AllCare CCO is a privately-owned Oregon Benefit Company. AllCare CCO is certified by the B Lab as a Certified B Corporation. AllCare CCO is owned by local, southern Oregon health care providers and is part of the AllCare Health family of companies. You can find out more about AllCare Health, its commitment to local communities, and its status as a Certified B Corp by visiting: AllCareHealth.com/BCorp, or by calling Customer Care at the phone numbers listed at the bottom of this page.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

AllCare CCO service area

AllCare CCO is a Coordinated Care Organization (CCO). We are a group of all types of health care providers who work together for people on the Oregon Health Plan (OHP). We take care of people in Jackson, Josephine, and Curry counties and Glendale and Azalea in Douglas County. Members may request a Care Coordinator to help them with their benefits and understand how they work by calling Customer Care at the phone numbers listed at the bottom of this page.

Contact us.

All of our offices are open Monday through Friday each week. They open at 8:00 a.m. and close at 5:00 p.m. each day.

We're closed on New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving and Christmas.

Our offices are located at:

- **Grants Pass:** 1701 NE 7th Street,
Grants Pass, OR 97526
- **Medford:** 100 East Main Street, Suite B
Medford, OR 97501
- **Brookings:** 580 5th Street, #400
Brookings, OR 97415

You can call us by phone at (541) 471-4106, toll free at (888) 460-0185, TTY at 711, or language access at (888) 260-4297. Phones are answered 8:00 a.m. to 8:00 p.m., 7 days a week. You can send us a fax at (541) 471-3784.

You can find us online at: [AllCareHealth.com/CCO](https://www.allcarehealth.com/cco).

Our mailing address is:

AllCare Health
Attn: AllCare CCO
1701 NE 7th Street
Grants Pass, OR 97526

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Important phone numbers.

Medical benefits and care.

Call Customer Care at the phone numbers listed at the bottom of this page.

Hours: 8:00 a.m. to 8:00 p.m., seven days a week.

Learn about medical benefits and care on **page 45**.

Pharmacy benefits.

Call Customer Care at the phone numbers listed at the bottom of this page.

Hours: 8:00 a.m. to 8:00 p.m., seven days a week.

Mail Order Pharmacy.

Postal Prescription Services

Toll free (800) 552-6694

Learn about pharmacy benefits on **page 118**.

Behavioral health, drug, alcohol dependency, or substance use disorder treatment benefits and care.

Call Customer Care at the phone numbers listed at the bottom of this page.

Hours: 8:00 a.m. to 8:00 p.m., seven days a week.

Learn about behavioral health benefits on **page 55**.

Dental benefits and care.

Call Customer Care at the phone numbers listed at the bottom of this page.

Hours: 8:00 a.m. to 8:00 p.m., seven days a week.

Learn about dental benefits on **page 66**.

Free rides to physical care, dental care, or behavioral health care.

You can get a free ride if you have no other way to get to physical care, dental care, and behavioral health visits. Call ReadyRide at **(800) 479-7920** to set up a ride. TTY users, please call 711. Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m. The Call Center is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day, or the Federally observed holiday if they fall on the weekend. You can learn more about getting rides to care on **page 100**.

Need help?

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Contact the Oregon Health Plan.

OHP Customer Service can help you:

- Change address, phone number, family status or other information.
- Replace a lost Oregon Health ID card.
- Get help with applying or renewing benefits.
- Get local help from a community partner.

How to contact OHP Customer Service.

- **Call:** (800) 699-9075 toll-free, TTY 711.
- **Web:** OHP.Oregon.gov
- **Email:** Use the secure email site at secureemail.dhsoha.state.or.us/encrypt to send your email to Oregon.Benefits@odhsoha.oregon.gov.
 - Tell us your full name, date of birth, Oregon Health ID number, address and phone number.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Your rights and responsibilities.

As a member of AllCare CCO you have rights. There are also responsibilities or things you have to do when you get OHP. If you have any questions about the rights and responsibilities listed here, call Customer Care at the phone numbers listed on the bottom of this page.

You have the right to exercise your member rights without a bad response or discrimination. You can make a complaint if you feel like your rights have not been respected. Learn more about making complaints on **page 155**. You can also call an Oregon Health Authority Ombudsperson at (877) 642-0450, TTY 711. You can send them a secure email at Oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx.

There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors can get on their own and how their health records may be shared. You can read it at OHP.Oregon.gov. Click on “Minor rights and access to care.” Or go to: Sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf

Your rights as an OHP member.

You have the right to be treated like this:

Be treated with dignity, respect, and consideration for your privacy.

Be treated by providers the same way as other people seeking healthcare.

Have a stable relationship with a care team that is responsible for managing your overall care.

Not be held down or kept away from people because it would be easier to care for you, to punish you, or to get you to do something you don't want to do.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

You have the right to get this information:

Materials explained in a way and in a language you can understand.
(see **page 19**).

Materials that tell you about CCOs and how to use the health care system.
(The Member Handbook is one good source for this).

Written materials that tell you your rights, responsibilities, benefits, how to get services, and what to do in an emergency.
(The Member Handbook is one good source for this).

Information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. Get this information in a language and a format that works for you.

A health record that keeps track of your conditions, the services you get, and referrals. (see **page 12**).

- Have access to your health records.
- Share your health records with a provider.

Written notice of a denial or change in a benefit before it happens. You might not get a notice if it isn't required by federal or state rules.

Written notice about providers who are no longer in-network. (see **page 78**).

Be told in a timely manner if an appointment is canceled.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

You have the right to get this care:

Care and services that put you at the center. Get care that gives you choice, independence, and dignity. This care will be based on your health needs and meet standards of practice.

Services that consider your cultural and language needs and are close to where you live. If available, you can get services in non-traditional settings.

Care coordination, community-based care, and help with care transitions in a way that works with your culture and language. This will help keep you out of a hospital or facility.

Services that are needed to know what health condition you have.

Help to use the health care system. Get the cultural and language support you need. (See **page 87**). This could be:

- Certified or qualified health care interpreters.
- Certified traditional health workers.
- Community health workers.
- Peer wellness specialists.
- Peer support specialists.
- Doulas.
- Personal health navigators.

Help from CCO staff who are fully trained on CCO policies and procedures.

Covered preventive services. (See **page 98**).

Urgent and emergency services 24 hours a day, 7 days a week without approval or permission. (see **page 124**).

Referrals to specialty providers for covered coordinated services that are needed based on your health. (see **page 46**).

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

You have the right to do these things:

Choose your providers and to change those choices. (see **page 80** and **page 82**).

Have a friend, family member, or helper come to your appointments.

Be actively involved in making your treatment plan.

Agree to or refuse services. Know what might happen based on your decision. A court-ordered service cannot be refused.

Refer yourself to behavioral health or family planning services without permission from a provider.

Make a statement of wishes for treatment. This means your wishes to accept or refuse medical, surgical, or behavioral health treatment. It also means the right to make directives and give powers of attorney for health care, listed in ORS 127. (See “Advance directives.” on page 148).

Make a complaint or ask for an appeal. Get a response from AllCare CCO when you do this. (see “Complaints, Grievances, Appeals and Fair Hearings.” on **page 155**).

- Ask the state to review if you don’t agree with AllCare CCO’s decision. This is called a hearing.

Get free certified or qualified health care interpreters for all non-English languages and sign language (see “Free help in other languages and formats.” on page 5).

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Your responsibilities as an OHP member.

You must treat others this way:

Treat AllCare CCO staff, providers, and others with respect.

Be honest with your providers so they can give you the best care.

You must tell OHP this information:

Call OHP at (800) 699-9075, TTY 711 when you:

- Move or change your mailing address.
- If any family moves in or out of your home.
- Change your phone number.
- Become pregnant and when you give birth.
- Have other insurance.

You must help with your care in these ways:

Choose or help choose your primary care provider or clinic.

Get yearly checkups, wellness visits, and preventive care to keep you healthy.

Be on time for appointments. If you will be late, call ahead or cancel your appointment if you can't make it.

Bring your medical ID cards to appointments. Tell the office that you have OHP and any other health insurance. Let them know if you were hurt in an accident.

Help your provider make your treatment plan. Follow the treatment plan and actively take part in your care.

Follow directions from your providers' or ask for another option.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

If you don't understand, ask questions about conditions, treatments, and other concerns related to care.

Use information you get from providers and care teams to help you make informed decisions about your treatment.

Use your primary care provider for tests and other care needs, unless it's an emergency.

Use in-network specialists or work with your provider for approval if you want or need to see someone who doesn't work with AllCare CCO.

Use urgent or emergent services appropriately. Tell your primary care provider within 72 hours if you do use these services.

Help providers get your health record. You may have to sign a form for this.

Tell AllCare CCO if you have any issues, complaints, or need help.

Pay for services that are not covered by OHP.

If you get money because of an injury, help AllCare CCO get paid for services we gave you because of that injury.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297





AllCare CCO wants to make sure you and your baby have the best care, from the very beginning.

Family planning.

AllCare CCO covers family planning services and birth control. You do not need a referral from your PCP for family planning services and supplies.

If you have special health care needs or get long-term services and supports, you get direct access to specialty care. Call your Care Coordinator if you see a Specialist.

You may visit any AllCare CCO provider, pharmacy, or your local County Health Department for family planning services and supplies. You may also go to any family planning clinic, doctor, or nurse practitioner who will take your Oregon Health Plan Member ID card.

Covered services and supplies include:

- Sterilization. (Vasectomies or getting tubes tied. A consent form must be filled out by you 30 days before this procedure).
- Birth control options like:
 - Pills.
 - Vaginal rings.
 - Implants.
 - IUDs.
 - Depo-Provera shot.
 - Patch.
 - Condoms.

Please remember breastfeeding is not a form of birth control. You can still become pregnant while breastfeeding your baby.

Talk with your PCP to see if other family planning supplies are covered. These services and supplies are available through any provider who will accept your Oregon Health Plan Member ID card.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

Transgender health.

AllCare CCO respects the health care needs of all our members. This includes trans women, trans men, gender nonconforming, two-spirit, and non-binary members.

AllCare CCO covers gender transition services, such as hormone therapy, counseling, and some surgeries. To learn more, contact Customer Care at the phone numbers listed at the bottom of this page.

Abortions.

Abortions are a fee-for-service benefit covered by the Oregon Health Plan, not AllCare CCO.

For additional information on abortions please contact KEPRO care coordination team at (800) 562-4620.

Women's healthcare.

AllCare CCO covers many services for women's special health care needs, including a yearly physical exam that includes:

- Pap test.
- Breast exam.
- General health assessment.

Mammograms (breast X-rays) are also covered when they are needed or recommended. Talk with your PCP (Primary Care Provider) about how often you need a mammogram.

You may go to your PCP for your annual exam, or you may go to a women's doctor, also known as a gynecologist. You do not need a referral to get women's health services.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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Members who are pregnant.

If you are pregnant, OHP provides extra services to help keep you and your baby healthy. When you are pregnant, AllCare CCO can help you get the care you need. It can also cover your delivery and your care after childbirth.

Here's what you need to do before you deliver:

- Tell OHP that you're pregnant as soon as you know. Call (800) 699-9075, TTY 711 or login to your online account at [ONE.Oregon.gov](https://one.oregon.gov).
- Tell OHP your due date. You do not have to know the exact date right now. If you are ready to deliver, call us right away.
- Ask us about your pregnancy benefits.

AllCare CCO pregnancy and prenatal care.

If you are pregnant, or think you might be, call your PCP right away so that you can start getting prenatal care. Prenatal care keeps you and your baby healthy during your pregnancy. It is very important that you begin prenatal care early and get regular checkups the whole time you are pregnant.

AllCare CCO pregnancy benefits include:

- Prenatal visits.
- Access to a certified THW Birth Doula.
- Labor and delivery (child birth) services.
- Postpartum (after the delivery) care.

AllCare CCO has a maternity team to help members throughout their pregnancy, the birth, and up to one year after birth. There are nurses, midwives, and maternal child health advocates available to help you with resources and questions you may have during your pregnancy. They can help with breastfeeding instructions, how to get a breast pump, and infant massage to name a few.

AllCare CCO also has the Babe Store. You can purchase new baby items with vouchers you earn through community partners such as your OB doctor, behavioral health providers, and many others. To find out more, call the phone numbers at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

You may see your PCP or an obstetrician (OB – a doctor who specializes in pregnancy care) for your prenatal care. However, your OB doctor does not provide treatment of everyday illnesses and injuries. You should call your PCP for these illnesses and injuries.

During your pregnancy, we can help you find:

- An OB doctor.
- Nutritional counseling to help you eat healthy foods.
- Birthing classes (we pay for classes taken from contracted instructors).
- Parenting classes.

You must choose your doctor from our provider network. For more information about starting pregnancy care, please call your PCP or call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page.

Contact OHP Customer Service as soon as you know you are pregnant. You should notify OHP Customer Service and AllCare CCO when your pregnancy ends.

Delivery of babies when you are traveling

You should try to stay within AllCare CCO's service area during the last 30 days of your pregnancy. AllCare CCO will only cover emergency care for you and your baby if you leave AllCare CCO's service area. This includes your baby's delivery and newborn check-up at the hospital. AllCare CCO will not cover your prenatal care when traveling outside the AllCare CCO service area.

After the baby is born.

Call OHP Customer Service at (800) 699-9075, or TTY at 711, as soon as possible after your baby is born to tell them about your new baby. You can also ask the hospital to send a newborn notification to OHP. OHP will cover your baby from birth. Your baby will also have AllCare CCO.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Newborn care.

AllCare CCO benefits for newborns include well-baby care. Well-baby care is a series of regular checkups during a child's first five years of life. These check-ups help your doctor see and treat problems early before they get worse. We also cover immunizations (shots), also known as vaccines.

Circumcision.

AllCare CCO covers circumcision for newborns between one week and four weeks of age if the mother was an AllCare CCO member with physical health coverage at the time of the baby's birth. This procedure must be done in an office setting, unless AllCare CCO preapproves getting the circumcision in a different setting.

Immunizations, vaccines (shots).

Immunizations (shots) protect our bodies against diseases, such as chickenpox, whooping cough, and measles. These shots work and are very important for children. Your child will need many shots during their first 15 months of life. Your child will need some shots when entering kindergarten and middle school. If you do not know if your child has had all of their shots, or if you have a question about shots, talk to your child's PCP.

Health services for older children and teens.

Children between the ages of 5 years and 18 years of age can get a well-child check-up once every years.

You may take your child to their PCP if you have concerns about your child's physical, mental, or emotional progress. This includes bed wetting, inability to pay attention in school, behavior problems, and mood changes.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

Fee-For-Service (FFS)

Health services for OHP members who are not in managed care, are paid directly by OHA. This is called fee-for-service (FFS) because OHA pays providers a fee for the services they provide. It is also called an “Open Card”.

Native Americans, Alaska natives, and people who are on both Medicare and OHP can be in a CCO, but can ask to change to FFS at anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care.

Call OHP Client Services at (800) 273-0557 for help understanding and choosing the best way to receive your health care.

American Indian and Alaska Native members.

American Indians and Alaska Natives have a right to choose where they get care. They can use providers that are not part of our CCO, like:

- Tribal wellness centers.
- Indian Health Services (IHS) clinics.
- Native American Rehabilitation Association of the Northwest (NARA).

American Indian and Alaska Natives don’t need a referral or permission to get care from these providers. These providers must bill AllCare CCO. We will only pay for covered benefits. If a service needs approval, the provider must request it first.

American Indian and Alaska Natives have the right to leave AllCare CCO any time and have OHP Fee-For-Service (FFS) pay for their care. Learn more about leaving or changing your CCO on **page 143**.

New members who need services right away.

Members who are new to OHP or AllCare CCO may need prescriptions, supplies, or other items or services as soon as possible. If you can’t see your primary care provider (PCP) in your first 30 days with AllCare CCO:

- Call Care Coordination at the phone numbers listed at the bottom of this page. They can help you get the care you need. See **page 87** for Care Coordination.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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- Make an appointment with your PCP as soon as you can. You can find their name and number on your AllCare CCO ID card.
- Call Customer Care at the phone numbers listed at the bottom of this page if you have questions and want to learn about your benefits. They can help you with what you need.

Survey about your health.

AllCare CCO will send new members a survey about their health within 90 days. This survey is called a Health Risk Screening. It will be mailed to you shortly after you enroll. You will get an HRS sent to you one (1) time every twelve (12) months. This will continue for as long as you are an AllCare CCO member. The HRS will be done more frequently than once per year if your health condition changes. For long-term care or long-term service or support, the survey will be sent within 30 days or as soon as your health allows.

The Health Risk Screening is a survey with questions about your general health with the goal of helping reduce health risks, maintain health, and prevent disease.

The survey asks about:

- Your habits (like exercise, eating habits, and if you smoke or drink alcohol).
- How you are feeling (to see if you have depression or need a behavioral health provider).
- Your general well-being and medical history.
- Your primary language.

Your answers help us find out:

- If you need any health exams, including eye or dental exams.
- If you have routine or special health care needs.
- Your chronic conditions.
- If you need long-term care services and supports.
- Safety concerns.
- Difficulties you may have with getting care.
- If you need extra help from Care Coordination or intensive Care Coordination. See **page 87** for Care Coordination and **page 88** for Intensive Care Coordination.

This survey is very important. Someone from AllCare will contact you by phone or by mail to make sure it gets filled out. They can also help you fill out the survey if you need.

2023 AllCare CCO Member Handbook

A Care Management team member (Nurse, Licensed Clinical Social Worker, Clinical Support Coordinator, or Pharmacist) will look at your survey. They will call you to talk about your needs and help you understand your benefits.

You will be sent a new survey every year or if your health changes.

If we do not get your survey, we will reach out to help make sure it is completed. If you want us to send you a survey you can call Customer Care at the phone numbers listed at the bottom of this page, and we will send you one.

Your survey may be shared with your doctor or other providers. AllCare CCO will ask for your permission before sharing your survey with providers.

Prevention is important.

We want to prevent health problems before they happen. You can make this an important part of your care. Please get regular health and dental checkups to find out what is happening with your health.

Some examples of preventive services are:

- Shots for children and adults.
- Dental checkups and cleanings.
- Mammograms (breast X-rays) for women.
- Pregnancy and newborn care.
- Women's annual exams.
- Prostate screenings for men.
- Yearly checkups.
- Well-child exams.

A healthy mouth also keeps your heart and body healthier.

If you have any questions, please call Customer Care at the phone numbers listed at the bottom of this page.


Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

What your Member ID card does for you.

To get medical and behavioral health services, or dental care and prescriptions, you must show your OHP and AllCare CCO Member ID cards. You must show them every time you visit your provider or pharmacy. It is best to keep these cards with you at all times.

An AllCare CCO Member ID card is mailed to you after you get your OHP coverage letter.



allcare cco
1101 NE 7th St, Grants Pass, OR 97526
Phone (541) 471-4106
Toll free (888) 460-0185
Language Access (888) 260-4297
TTY 711
AllCareHealth.com/Medicaid

<FIRSTNAME> <MI> <LASTNAME>
<STREET>
<STREET2>
<CITY>, <STATE> <ZIP>

<MM/DD/YYYY>
ID: <MEMBERID>

Dear <Member Name>,

Below this letter is your AllCare CCO member ID card. Please review the card carefully. If any of this information is not correct, please contact AllCare Health Customer Care. Detach this card and carry it with you.

You have physical health, behavioral health, and dental coverage with AllCare CCO. Your Primary Care Provider (PCP) is listed on the card. Your PCP coordinates all of your medical care. Please contact your PCP if you are in need of any medical services. This is not required for behavioral health or dental services, or in true emergencies.


You can visit AllCareHealth.com/medicaid/find-a-doctor-and-facility to find a medical, dental, or behavioral health provider near you.

If you have questions or concerns regarding your AllCare CCO benefits, or want member materials in another format, please contact AllCare Health Customer Care at (541) 471-4106, toll free at (888) 460-0185, TTY at 711, or (888) 260-4297 for language access.

You can visit AllCareHealth.com/CCOMemberMaterials for electronic copies of the member handbook, provider directory, and other documents. You can get a copy of these documents in print or any format you prefer, free of charge. A copy will be provided within 5 business days of your request.

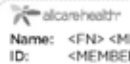
Sincerely,
AllCare Health Customer Care

You have 24-hour physical, mental, and dental health care. See card for details.



allcare cco

Name: <FN> <MI> <LN>
ID: <MEMBERID>
Plan: APLUS - Physical, Dental, Behavioral Health, Transportation
PCP: <PCP NAME>
Customer Care: (541) 471-4106
Language access: (888) 260-4297
TTY 711 Toll free: (888) 460-0185
AllCareHealth.com/Medicaid



allcare cco

Name: <FN> <MI> <LN>
ID: <MEMBERID>
Plan: APLUS - Physical, Dental, Behavioral Health, Transportation
PCP: <PCP NAME>
Customer Care: (541) 471-4106
Language access: (888) 260-4297
TTY 711 Toll free: (888) 460-0185
AllCareHealth.com/Medicaid

ReadyRide To get a ride to healthcare visits, call between 8:00 a.m. - 6:00 p.m., Monday through Friday.
Phone (541) 479-7920 or (800) 479-7920
Rides are available 24 hours a day, 7 days a week.
Dental Plan: <DCO>
Dental Plan Phone: <(XXX) XXX-XXXX>
Pharmacy must be a MediImpact provider
PCN # 38060 BIN # 003585

agencies, call 9-1-1 or go to the Emergency Room.
If you are not sure if your condition is an emergency, call your provider. They can determine if they need to see you in office or send you to Urgent Care or Emergency Room.
For medical advice, call the Nurse Line at (844) 747-5656

Providers
AllCare CCO is a Coordinated Care Organization
Medical Care must be provided/referred by the member's PCP, except for life-threatening emergencies.
Scheduled Hospital Admissions require prior approval by an AllCare CCO provider.
Emergency Hospital Admissions require that you call us by the first working day after admission. Contact AllCare Health Customer Care.
This card is not proof of eligibility or complete coverage of the plan.
For 24-hour provider services, visit Providers.AllCareHealth.com

Page 11 of 2

Page 12 of 2

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

The card is important because it:

- Shows you are a member of AllCare CCO.
- Lists your PCP and PCD telephone numbers.
- Tells you what to do in an emergency.
- Has important pharmacy information.

If you lose your AllCare CCO Member ID card, call Customer Care right away. Customer Care will send you a new card so you can keep visiting your PCP and get your prescriptions filled.

This card does not verify benefits or eligibility. If you are unsure if you have active coverage with AllCare CCO, contact Customer Care at the phone numbers listed at the bottom of this page.

Change of address

If you change your address or phone number, you need to call:

- OHP Customer Service at (800) 699-9075 or TTY at 711;
- AllCare Health Customer Care at (541) 471-4106, toll free at (888) 460-0185, TTY 711, language access at (888) 260-4297, or fax at (541) 471-3784;
- Your PCP's office.

Call OHP Customer Service right away if you move out of the AllCare CCO service area (Jackson, Josephine, and Curry counties and parts of Douglas County). OHP will help you change to another plan so you can keep getting health coverage.

Other ways to change your address

If you have a ONE (OHA) case, you can create an online account by going to: **[One.Oregon.gov](https://one.oregon.gov)**. In your online account you can update any of your case information.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Members can email changes directly to OregonHealthPlan.Changes@DHSOHA.State.or.us. Put the change you are requesting in the subject line of the email. A change request can include an address change, name correction, or gender correction. **The above email is not secure.** To send this information in a secure email, go to the Oregon Health Plan website at Oregon.gov/OHA/Pages/Contact-Us.aspx.

When you request a change, make sure to include your full name, OHP health ID (prime) number, and a telephone number where you can be reached. The eligibility team will call you to confirm the change.

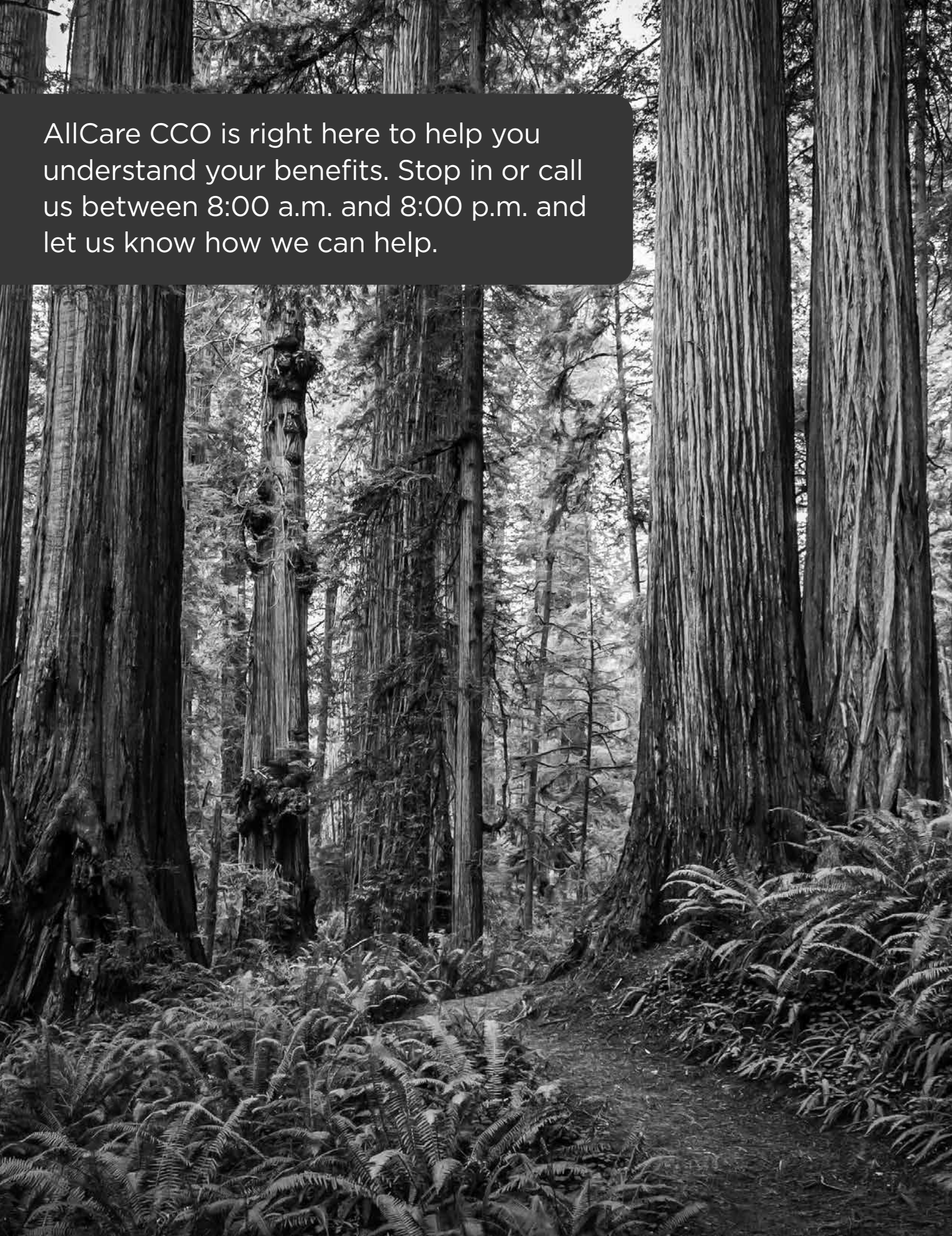
If you do not have access to email, you can work with a Community Partner (CP). A Community Partner can help you in submitting an address change or correction. CPs have dedicated email access for submitting member changes to OHP.

You can also visit a local Department of Human Services (DHS) Self-Sufficiency Programs office to report your change in person. To find an office near you, visit Oregon.gov/dhs/Offices/Pages/Self-Sufficiency.aspx.

You can call OHP Customer Service at (800) 699-9075 to report your changes. When calling to make a change, you may have a long wait on hold.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

A black and white photograph of a forest. In the foreground, there are many ferns growing along a path. Several large, thick tree trunks, likely redwoods, are visible, some with moss or lichen growing on them. The background shows more trees and a dense canopy. A dark, semi-transparent rectangular box is overlaid on the top left of the image, containing white text.

AllCare CCO is right here to help you understand your benefits. Stop in or call us between 8:00 a.m. and 8:00 p.m. and let us know how we can help.

Your benefits.

How Oregon decides what OHP will cover.

Many services are available to you as an OHP member. How Oregon decides what services to pay for is based on the Prioritized List of Health Services. This list is made up of different medical conditions (called diagnoses) and the types of procedures that treat the conditions. A group of medical experts and ordinary citizens work together to develop the list. This group is called the Oregon Health Evidence Review Commission (HERC). They are appointed by the governor.

The list has combinations of all the conditions and their treatments. These are called condition/treatment pairs.

The condition/treatment pairs are ranked on the list by how serious each condition is and how effective each treatment is. Not all condition and treatment pairs are covered by OHP. There is a stopping point on the list called “the line.” Pairs above the line are covered and pairs below the line are not. Some conditions and treatments above the line have certain rules.

Learn more about the Prioritized List at:

oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx.

Getting approval, also called prior authorization (PA).

Some services need approval before you get the service. This is known as a “prior authorization (PA)” or “preapproval”. Your provider works with AllCare CCO to ask for preapproval for a service. If you have any questions about preapproval of a service, contact Customer Care at the phone numbers listed at the bottom of this page.

You might not get the service if it is not approved. We review PA requests as quickly as your health condition requires. Most decisions are made within 14 days. Sometimes a decision may take up to 28 days. This only happens when we are waiting for more information. If you or your provider feel following the standard time frame puts your life, health or ability to function in danger, we can make an “expedited service authorization” decision. Expedited service decisions are typically

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2023 AllCare CCO Member Handbook

made within 72 hours, but there may be a 14-day extension. You have the right to complain if you don't agree with an extension decision. See **page 155** to learn how to file a complaint.

You do not need approval for emergency or urgent services, or for emergency aftercare services. See **page 124** to learn about emergency services.

Provider referrals and self-referrals.

To get some services, you will need to have a referral from your primary care provider (PCP). A referral is a written order from your provider noting the need for a service.

If your PCP cannot give you services you need, they can refer you to a specialist. If there is not a specialist close to where you live or who works with AllCare CCO (also called in-network), they may have to work with the Care Coordination team to find you care out-of-network. There is no extra cost if this happens. You will be informed when or if a referral preapproval or release is needed.

A lot of times your PCP can perform the services you need. If you think you might need a referral to a health care specialist, ask your PCP. You do not need a referral if you are having an emergency and cannot reach your PCP. Some services do not require a referral from your provider. This is called a self-referral. A self-referral means you can look in the provider directory to find the type of provider you would like to see. You can call that provider to set up a visit without a referral from your provider. Learn more about the Provider Directory on **page 80**.

Whether you can self-refer or need a referral to see a specialist, you may still need preapproval for the service. Talk with your PCP or contact AllCare CCO Customer Care if you have questions about if you need a preapproval to get a service.

Direct Access.

You have “direct access” to providers when you do not need a referral or preapproval for a service. You always have direct access to emergency and urgent services. See the charts below for services that are direct access and do not need a referral or preapproval.

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If you have special health care needs who are receiving Intensive Care Coordination (ICC) services or get long-term services and supports, you get direct access to physical and behavioral health specialists. Call your Care Coordinator if you need to see a Specialist.

Physical health benefits.

See the following tables for a list of medical benefits that are available to you at no cost when using an in-network provider. Look at the “Who’s Covered? Amount, duration and scope” column to see how many times you can get each service for free. AllCare CCO will coordinate services for free if you need help.

What AllCare CCO Covers without a referral or prior authorization.

The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who’s Covered? Amount, duration, and scope of benefits.
Medical exams in your PCP’s office or through telehealth and needed treatment	No referral/ authorization required.	All members. No limit, but you must be assigned to a PCP.
Preventive care, such as annual physical exams, well-child care, and immunizations (shots)	No referral/ authorization required.	All members. As recommended.
Early & periodic screening, diagnosis and treatment (EPSDT) services for children age 0 - 20.	No referral/ authorization required.	All members. As recommended.
Routine vision services	No referral/ authorization is required.	Members ages 0 through 20 years old, and pregnant women. As recommended.

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2023 AllCare CCO Member Handbook

The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
Family planning services and supplies	No referral/ authorization is required.	All members. Limits based on covered drug list. See drug list at AllCareHealth.com/Medicaid/Formulary or call us.
Maternity services	No referral/ authorization is required.	All members. As recommended.
Emergency medical transportation	No referral/ authorization is required.	All members. No limit.
Outpatient Substance Use Disorder (addiction) treatment	No referral/ authorization is required.	All members. No limit.
Outpatient mental health treatment including psychiatric emergency Services , peer delivered services, and assessment and evaluation services	No referral/ authorization is required.	All members. No limit.
Abuse investigation and protective services	No referral/ authorization required.	All members. No limit.

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The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
ICCP (Intensive Care Coordination Program)	No referral/ authorization required.	Members who are blind, disabled, or aged 65 years and older. Members with special health care needs, complex medical needs, high health care needs, multiple chronic conditions, or behavioral health issues. Members with severe and persistent mental illness.
Care Coordination and Case Management Services	No referral/ authorization required.	All members. No limit.
Interpreter Services	No referral/ authorization required.	All members. No limit.
Rides to care. Also called Non-Emergent Medical Transportation (NEMT) services.	No referral/ authorization required.	All members. Some limits apply. See page 100 for more information.

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Customer Care at the phone numbers listed below.

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What OHP Covers but may need a referral or prior authorization.

The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
Medical and surgical treatments for covered conditions that are expected to get better with treatment	Some services require referral and authorization.	All members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Skilled Nursing Facility care	Authorization is required.	All members. Limit is 20 days.
Palliative or Comfort Care	Some services may require referral or authorization.	All Members. As recommended.
Hearing Services	Some services require referral and authorization.	All members. As recommended.
Prescription drugs	Some drugs require an authorization.	All members*. Limits based on covered drug list. See drug list at AllCareHealth.com/Medicaid/Formulary or call us. *Members eligible for Medicare Part D should get prescription drugs through Part D plan.

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The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
Outpatient Hospital Services: including chemotherapy and radiation	Some services require authorization.	All members. As recommended. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Durable Medical Equipment: (medical supplies and appliances including prosthetics and orthotics)	Some services require authorization.	All members. As recommended. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
X-ray, laboratory, and other testing services	Some services require authorization.	All members. As recommended. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.

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The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
Home health care	No referral/ authorization is required.	All members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Hospice care	No referral/ authorization is required.	All members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Physical, occupational, and speech therapy	Authorization may be required.	All members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules. Therapy for members over age 21 is limited to a maximum of 30 visits per 12 month calendar year.
Emergency medical transportation	No referral/ authorization is required.	All members. No limit.

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The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
Substance Use Disorder (addiction) detoxification and residential treatment services	Admission notification is required for detoxification and residential treatment services.	All members. No limit.
Substance Use Disorder (addiction) (MAT) Medication assisted therapy (drugs)	Some drugs require an authorization. Formulary MAT drugs for substance use disorder is always covered without authorization for the first 30 days of treatment.	All members*. Limits based on covered drug list. See drug list at AllCareHealth.com/Medicaid/Formulary or call us. *Members eligible for Medicare Part D should get prescriptions drugs through Part D plan.
Intensive and inpatient mental health treatment	Some intensive and inpatient treatments require an authorization.	All members. No limit.

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2023 AllCare CCO Member Handbook

The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Amount, duration, and scope of benefits.
Class 7 & 11 prescription drugs (behavioral health drugs)	These drugs are paid for by fee- for-service OHP, not AllCare CCO.	<p>All members*.</p> <p>These drugs are paid for by fee-for-service OHP, not AllCare CCO.</p> <p>Talk to your doctor about Prior Authorization.</p> <p>*Members eligible for Medicare Part D should get prescriptions drugs through Part D plan.</p>
Dental care	Some services require a referral and/or authorization.	<p>All members.</p> <p>Some limits apply.</p>

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

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Behavioral Health Benefits.

Behavioral Health means treatment for Mental health and Substance Use Disorders.

- These services are available to all OHP members at no cost. Important: **You do not need prior approval or a referral to get behavioral health services from an in-network provider.** Many of these services are offered in the places you already get care. Some primary care clinics have behavioral health services available in the clinic. You might also get some of these services at locations like:
- Your women's health clinic.
- Your school.
- One of the many in-network therapists.
- A Substance Use Disorder (SUD) treatment program.

If you have special health care needs or get long-term services and supports, you get direct access to behavioral health specialists. Call your Care Coordinator if you see a Specialist.

A Community Mental Health Program (CMHP) will be the best place to get all this care in one place. The list of in-network CMHPs begins on **page 57**.

Behavioral Health treatment services include:

- Assessment.
- Counseling.
- Groups.
- Medication management.
- Skills training.
- Case management.
- Peer delivered services/peer support.
- Programs to help with daily and community living.
- Intensive outpatient.
- Acupuncture.

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- Medication Assisted Treatment (MAT) to help you cut down or stop using alcohol or drugs. These treatments include:
 - Methadone.
 - Suboxone.
 - Buprenorphine.
 - Vivitrol.
- Medical detox.
- Residential treatment for adults, youth and parents with young children.

Peer Delivered Services.

Peer Delivered Services are services from a peer support specialist or peer wellness specialist. These are people who have lived through some of the same things you have. 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.

See the following tables for a list of behavioral health benefits that are available to you at no cost. AllCare CCO will coordinate services for free if you need help.

Behavioral Health Crisis Hot Lines

Jackson (541) 774-8201

Josephine (541) 474-5360

Douglas (800) 866-9780

Curry (877) 519-9322

Suicide & Crisis Lifeline - Call or text* 988, 24/7

Calls in English or Spanish. Text and chat are currently only available in English.

Need help?

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Community Mental Health Programs (CMHP).

Children and youth might need more support and can access these programs from an in-network Community Mental Health Program (CMHP):

Program	What is it?	Who is eligible?	How do you get it?
Wraparound Care	A planning process that helps children and their families achieve their goals by putting them at the center of their care.	Members aged 0 to 17 who have a mental health diagnosis, have complex needs, and have or get help from at least two (2) of the following: <ul style="list-style-type: none"> • Child welfare • Special education • Juvenile justice • Mental health • Intellectual/ Developmental Disabilities (I/DD) • Substance Use Disorder • Homelessness • Chronic medical condition 	Anyone can complete a Wraparound Referral. Any place you get health care can work with a member or family to complete a referral. Referrals are given to your local Community Mental Health Program (CMHP) or directly to the local Wraparound Review Committee.

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Program	What is it?	Who is eligible?	How do you get it?
Early Assessment and Support Alliance (EASA)	A statewide network of programs which identify youth with symptoms of psychosis as early as possible. EASA provides team based support and treatment.	Members aged 15 to 25 who may be having their first psychotic episode.	<p>Anyone can refer to EASA. If you think you or someone else might be having the first signs of psychosis, you can call your nearest EASA team for more information or to make an appointment.</p> <ul style="list-style-type: none"> • Jackson County (541) 770-7768 • Josephine County (541) 244-3138 • Curry County (877) 408-8941 <p>or visit the EASA website at: <u>EasaCommunity.org.</u></p>

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Program	What is it?	Who is eligible?	How do you get it?
Applied Behavior Analysis (ABA)	A service that helps reduce behaviors that interfere with learning or which may be harmful.	Members with Autism.	Before a member can be referred to ABA, they must have an evaluation by a doctor with experience diagnosing Autism.
Parent-Child Interaction Therapy (PCIT)	A treatment for young children that have a behavioral problem. Professionals observe and coach the interactions of parents or caregivers and their child. This helps to improve the child and parent skills and relationship.	Members ages 2 to 7 and their parents or caregivers who are having parent-child relationship or behavioral problems.	Parents or caregivers can call or go to an in-network CMHP to ask about PCIT. They will do an assessment to see if you and your child might benefit from PCIT.

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2023 AllCare CCO Member Handbook

Program	What is it?	Who is eligible?	How do you get it?
Psychiatric Day Treatment	An intensive five-day-per-week program for children with severe emotional and behavioral problems. This includes mental health treatment, family therapy, and schooling.	Members ages 5 to 15 who have a mental health diagnosis. Their behaviors make life, school, and relationships difficult. They need mental health treatment almost every day for several hours each day.	Parents or caregivers can call or go to an in-network CMHP to ask about Day Treatment. Your child's school can also refer for Day Treatment. CMHP will do an assessment and talk to your child's school to see if Day Treatment is the best treatment.

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Program	What is it?	Who is eligible?	How do you get it?
Psychiatric Residential Treatment Services (PRTS)	An intensive mental health treatment 24 hours a day, 7 days a week for children with severe emotional and behavioral problems.	Members ages 0 to 17 who have serious mental health diagnosis. They need mental health treatment 24 hours a day. Lower levels of care have not made much improvement to their emotions and behaviors.	PRTS is a specialized service that requires your mental health provider and a child psychiatrist to agree that this level of care is needed for your child. You, your child's school, or another care provider can request that the CMHP start the referral process.

Adults with serious mental illness may need more support and can access these programs from an in-network Community Mental Health Program (CMHP):

Behavioral Health Crisis Hot Lines

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Program	What is it?	Who is eligible?	How do you get it?
Assertive Community Treatment (ACT)	An intensive treatment for adults with serious persistent mental illness (SPMI). ACT provides a team that works with a member in the community. A counselor, case manager, psychiatrist, nurse, and others are on the team.	Adult Members aged 18 and older with a SPMI diagnosis. Their mental health problems make it difficult for them to get treatment at a mental health agency.	A member with SPMI, their family, or another provider can call or go to the in-network CMHP to get screened for ACT services.
Supported Employment (SE)	A program that helps members with serious mental illness get employment or education.	Adult members aged 18 and older with serious mental illness who express the desire to work or go to school.	Members, their family, or providers can call or go to an in-network CMHP and request SE services. The SE specialist will work with the member to determine which services are best.

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Curry (877) 519-9322

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Program	What is it?	Who is eligible?	How do you get it?
Choice Model	Coordination for adults with serious mental illness who are in Oregon State Hospital (OSH) or residential programs. The goal is to make sure members are getting mental health care at the lowest level of care possible.	Adults aged 18 and older with serious mental illness who need residential or long-term mental health care.	<p>The member, their family, or mental health provider can talk to the Choice Model Coordinator for the member's county.</p> <p>Curry County Adapt Integrated Health Care</p> <p>Jackson County Jackson County Mental Health</p> <p>Josephine County Options for Southern Oregon</p>

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Behavioral Health prescriptions.

Most medications that people take for behavioral health illness are paid directly by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health Plan Member ID and your AllCare CCO Member ID cards. The pharmacy will know where to send the bill.

Substance Use Treatment Benefits.

AllCare CCO covers Substance Use Disorder (SUD) treatment to help you stop using alcohol and drugs at no cost to you. You do not need a referral—you may visit a SUD treatment provider on your own. SUD treatment services include:

- Drug and alcohol assessment.
- Outpatient treatment.
- Residential treatment.
- Acupuncture.
- Behavioral health screenings (typically done at your doctor's office).
- Medication assisted treatment, including Methadone maintenance.
- Individual and group counseling for you and your family members.
- Care coordination for members who need help finding or connecting to services. Especially if there are special health care needs such as disability, elderly, mental illness, pregnancy, limited English, etc.
- Peer services and supports.
- Intensive outpatient treatment.
- Detoxification.
- Case management.

Confidentiality: Federal and state laws protect the privacy of all OHP members. No one may release information to anyone outside AllCare CCO about a member's substance use disorder without the member's written permission. AllCare CCO and its providers may not release or disclose any information about an OHP member for any purpose except as directed by the OHP member. AllCare CCO and its providers may not give information, except for purposes directly related to the administration of the Oregon Health Plan.

When you call a substance use disorders treatment provider, a counselor will schedule a date and time to talk with you about your substance use and make a treatment plan.

See the following tables for a list of substance use disorder benefits that are available to you at no cost. AllCare CCO will coordinate services for free if you need help.

The Type of Care (For example, doctor visits or visits to the hospital)	Referral/ Authorization Needed?	Who's Covered? Are there Limits?
Substance use disorder (addiction) treatment	No referral/ authorization is required for outpatient services with an in-network provider.	All members. No limit.
Detoxification and residential treatment services	Admission notification is required for detoxification and residential treatment services.	All members. No limit.
Medication assisted therapy (drugs)	Some drugs require an authorization.	All members*. Limits based on covered drug list. See drug list at AllCareHealth.com/ Medicaid/Formulary or call us. *Members eligible for Medicare Part D should get prescriptions drugs through Part D plan.

The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of the following page.

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2023 AllCare CCO Member Handbook

Dental health providers

AllCare CCO works with Advantage Dental and Capitol Dental Care for your dental needs. Please see the handbook for information about your dental plan. You can find the handbook for each dental plan on their websites, listed in the table below.

Advantage Dental: (866) 268-9631 or TTY 711

8:00 a.m. to 6:00 p.m., Monday - Thursday

8:00 a.m. to 5:00 p.m., Friday

24-Hour After Hours Call System: (866) 268-9615 or (866) 268-9631

<https://providerportal.advantagedental.com/provider/search>

Capitol Dental Care: (800) 525-6800 or TTY 711

7:00 a.m. to 6:00 p.m., Monday - Friday

<https://www.interdent.com/capitoldentalcare/members/list-of-providers/>

Choosing a Primary Care Dentist (PCD)

AllCare CCO partners with Dental Care Organizations (DCOs) to manage your dental care. You will need to have a Primary Care Dentist (PCD) at one of AllCare CCO's DCOs or dental plan. Your PCD will take care of most of your dental care needs.

Please call your assigned dental plan to find a dentist that is accepting new patients. Only go to a different dentist in case of emergency or by a referral from your dental plan.

If you do not know your dental plan, call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page.

What Are My Dental benefits.

All Oregon Health Plan members have dental coverage. OHP covers dental checkups, annual cleanings, x-rays, fillings, and other services that keep your teeth healthy.

Healthy teeth are important at any age. Here are some important facts about dental care:

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- Healthy teeth keep your heart and body healthy, too.
- You should see your dentist once a year.
- When you're pregnant, keeping your teeth and gums healthy can protect your baby's health.
- Fixing dental problems can help you control your blood sugar.
- Children should have their first dental check-up by age 1.

Preventative.

- Exams - once (1) per year for adults, twice (2) a year for children 18 and under.
- Cleanings - once (1) a year for adults, twice (2) a year for children 18 and under.
- Fluoride treatments.
- X-rays.
- Sealants - for children 16 years and under.

Restorative.

These services are covered if your PCD says they are dentally appropriate. Some of these services may need preapproval from your dental plan.

- Fillings.
- Partial dentures every 5 years.
- Complete dentures every 10 years.
- Stainless steel crowns for premolars/molars (back teeth).
- Oral surgery and endodontics.
- Tooth removal.
- Root canals for front teeth (Incisors and Canines) and Premolars.
- 1st Molar Root Canal Therapy (under 21 years old and/or currently pregnant).
- 2nd Molar Root Canal Therapy (under 21 years old).

Your primary care dentist will see you within eight (8) weeks unless there is a documented special clinical reason that makes a period of 8 weeks appropriate. If you're assigned clinic cannot see you within 8 weeks, call your DCO.

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2023 AllCare CCO Member Handbook

For pregnant women.

Initial dental screening or examination will be within four (4) weeks, unless there is a documented special clinical reason that would make access longer than four (4) weeks appropriate.

All covered services are free. These are covered as long as your provider says you need the services. Look at the “Amount, duration and scope” column to see how many times you can get each service for free.

Sometimes you may need to see a specialist. Common dental services that need to be referred to a specialist are:

- Oral surgery and endodontics.
- Hospital or surgery center.
- Root canals.
- Gum issues.
- In office sedation.

Open Access Points

In most regions in Oregon, we have special agreements with Federally Qualified Health Centers (FQHC), Rural Community Health Centers (RCHC), Indian Health Care Providers (IHCP) and Indian Health Service clinics (IHS). These special agreements allow our members to be seen in these types of facilities without being assigned to that facility and without a referral.

If you would like to have your oral health care done at one of these types of facilities, you can call the facility and ask if they work with AllCare CCO as an “Open Access Point”. You can also call AllCare CCO Customer Care at the phone numbers listed below and ask for a current list of Open Access Points in your region.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Please see the following tables for what dental services are covered.

Covered Services	Referral/ Authorization Needed?	Who's Covered? Are there Limits? Amount, duration, and scope of benefits.
Emergency and Urgent Dental care (extreme pain or infection, bleeding or swelling, injuries to teeth or gums)	No referral or approval is required.	All members. No limit.
Benefits for Pregnant Women and those under 21 years old		
Oral exams	No preapproval required. Referral needed if not your PCD.	Twice a year.
Oral cleanings	No preapproval required.	Twice a year.
Fluoride treatment	No preapproval required.	Twice a year.
Oral X-rays	No preapproval required.	Once a year.
Sealants	No preapproval required.	Under Age 16, on adult back teeth once every 5 years.
Fillings	No preapproval required.	As needed.

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Partial dentures	Preapproval required. Referral needed if not your PCD.	Once every 5 years.
Complete dentures	Preapproval required. Referral needed if not your PCD.	Once every 10 years.
Crowns	Preapproval required. Referral needed if not your PCD.	Some upper and lower front teeth. 4 crowns every 7 years.
Extractions	May require preapproval. Referral needed if not your PCD.	As needed.
Root Canal Therapy	Preapproval required. Referral needed if not your PCD.	Not covered on third molars (Wisdom teeth). Pregnant women covered on first molars.

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Benefits for Adults (Not Pregnant, over 21 years)		
Oral Exams	No preapproval required. Referral needed if not your PCD.	Once a year.
Oral Cleanings		Once a year.
Fluoride treatment		Once a year.
Oral X-rays		Once a year.
Sealants		Not covered.
Fillings		As Needed.
Partial dentures	Preapproval required. Referral needed if not your PCD.	Once every 5 years.
Complete dentures	Preapproval required. Referral needed if not your PCD.	Once every 10 years.
Crowns		Not covered.
Extractions	Preapproval required. Referral needed if not your PCD.	As needed.

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2023 AllCare CCO Member Handbook

Root Canal Therapy	Preapproval required. Referral needed if not your PCD.	Only on front teeth and pre-molars.
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The table above is not a full list of services that need preapproval. If you have questions about preapprovals, please call Customer Care at the phone numbers listed at the bottom of this page.

Other services and care that AllCare CCO pays for.

Vision Care

AllCare CCO provides limited vision services, as listed below:

- Children may receive an eye exam and glasses one (1) time every year.
- Women who are pregnant may also receive a routine eye exam and glasses for up to 1 year (12 months) following the end of pregnancy.
- Diabetics may receive a diabetic eye exam one (1) time every year.

AllCare CCO has eye doctors (optometrists and ophthalmologists) available for vision care. Please call Customer Care if you need help finding an eye doctor.

Eye problems

If your vision suddenly gets worse, or if your eyes become infected or injured, see your Primary Care Provider. Your PCP will refer you to a specialist if needed.

Hearing Care

If you think you need a hearing exam, call your PCP for a referral to a specialist. If you were receiving hearing services before enrolling in our plan, please call Customer Care about continuing those services.

AllCare CCO will pay for some hearing aids and batteries. Please call Customer Care about hearing aid benefits.

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Medical Equipment

If you think you need medical equipment, such as diabetic supplies, walkers, or incontinence supplies, talk to your PCP. Your doctor is best able to decide what you need. If you have any problems getting the supplies you need, call Customer Care at the phone numbers listed at the bottom of this page.

Services that OHP pays for.

AllCare CCO pays for your care, but there are some services that we do not pay for. These are still covered and will be paid by the Oregon Health Plan's Fee-For-Service program. CCOs sometimes call these services "non-covered" benefits. There are two types of services OHP pays for directly:

1. Services where you get care coordination from AllCare CCO.
2. Services where you get care coordination from OHP.

Services with AllCare CCO Care Coordination.

AllCare CCO still gives you care coordination for some services. Care coordination means you will get free rides from ReadyRide for covered services, support activities and any resources you need for non-covered services.

AllCare CCO will coordinate your care for the following services:

- Planned Community Birth (PCB) services include prenatal and postpartum care for people experiencing low risk pregnancy as determined by the OHA Health Systems Division. OHA is responsible for providing and paying for primary PCB services including at a minimum, for those members approved for PCBs, newborn initial assessment, newborn bloodspot screening test, including the screening kit, labor and delivery care, prenatal visits and postpartum care.
- Long term services and supports (LTSS) not paid by AllCare CCO
- Family Connects Oregon services
- Helping members to get access to behavioral health services. Examples of these services are:
 - Certain medications for some behavioral health conditions.
 - Therapeutic group home payment for members under 21 years old.

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2023 AllCare CCO Member Handbook

- Long term psychiatric (behavioral health) care for members 18 years old and older.
- Personal care in adult foster homes for members 18 years and older.
- And other services

For more information or for a complete list about these services, please call Customer Care at the phone numbers listed at the bottom of this page.

Services that OHP pays for and provides care coordination.

OHP will coordinate your care for the following services:

- Doctor aided suicide under the Oregon Death with Dignity Act.
- Comfort care (hospice) services for members who live in skilled nursing facilities.
- School-based services that are provided under the Individuals with Disabilities Education Act (IDEA). This is for children who get medical services at school, such as speech therapy.
- Medical exam to find out if you qualify for a support program or casework planning.
- Services provided to Citizen Waived Medical members or CWM Plus-CHIP Prenatal Coverage for CWM.
- Procedure to end pregnancy.
- And other services.

Contact OHP's KEPRO Care Coordination team at (800) 562-4620 for more information and help with these services.

You can still get a free ride from ReadyRide if you have no other way to get to these services. See **page 100** for more information. Call ReadyRide at (800) 479-7920 to schedule a ride or ask questions.

Need help?

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Veterans and Compact of Free Association (COFA) Dental Program members.

If you are a member of the Veterans Dental Program or COFA Dental Program, AllCare CCO only provides dental benefits and free rides to dental appointments.

OHP and AllCare CCO do not provide access to physical health or behavioral health services or free rides for these services, which are non-covered services without care coordination.

If you have questions regarding coverage and what benefits are available contact Customer Care at the phone numbers listed at the bottom of this page.

Moral or Religious objections.

AllCare CCO does not limit services based on moral or religious objections.

Access to the care you need.

Access means you can get the care you need. You can get access to care in a way that meets your cultural and language needs. If AllCare CCO does not work with a provider who meets your access needs, you can get these services out-of-network. AllCare CCO makes sure that services are close to where you live or close to where you want care. This means that there are enough providers in the area and there are different provider types for you to pick from.

We keep track of our network of providers to make sure we have the primary care and specialist care you need. We also make sure you have access to all covered services in your area.

- Urban area: Access to providers within 30 miles, or 30 minutes of where you live. Urban area means you live in or near a city.
- Rural area: Access to providers within 60 miles, or 60 minutes of where you live. Rural area means you do not live in or near a city.

Our providers will also make sure you will have physical access, reasonable accommodations and accessible equipment if you have physical and/or mental disabilities. Please call Customer Care at phone numbers listed at the bottom of this page to request accommodations. Providers also make sure office hours are the same for OHP members and everyone else.

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2023 AllCare CCO Member Handbook

Rides to get care.

You can get free rides to covered visits if you have no other way to get there. See **page 110** to learn how your benefit works to help you with gas or rides. Call ReadyRide at **(800) 479-7920** for help or to schedule a ride.

Pick a provider.

You have the right to choose your provider and where you get your health care. You can pick from the list of providers who work with AllCare CCO. The list of providers is called the AllCare CCO Provider Directory. Learn more about the directory on **page 80**.

Help organizing your care.

Care coordination means you will get help to schedule your visits, get support and resources. Learn more about care coordination on **page 87** or call Customer Care at the phone numbers listed on the bottom of this page.

How long it takes to get care.

We work with providers to make sure that you will be seen, treated or referred within the times listed below:

Care type	Time-frame
Physical health	
Regular appointments.	Non-urgent appointments and Well Care are scheduled within 4 weeks.
Urgent Care.	Urgent visits are scheduled within 72 hours or as indicated in the initial screening in accordance with OAR (410) 141-3840.
Emergency Care.	Emergency: Members Seen same day as admission or visit and treated immediately or referred immediately to an emergency department depending on the member's condition.

Need help?

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TTY: 711 Language Access: (888) 260-4297

Care type	Time-frame
Oral and dental care for children and non-pregnant people	
Regular oral health appointments.	Non-urgent appointments and Well Care are scheduled within 8 weeks.
Urgent oral care.	Urgent visits are scheduled within one week or as indicated in the initial screening in accordance with OAR (410) 141-3840.
Dental Emergency services.	Emergency: Seen or treated within 24 hours
Oral and dental care for pregnant people	
Routine oral care.	Within 4 weeks unless there is a clinical reason to wait longer.
Urgent dental care.	Within 1 week.
Dental emergency services.	Seen or treated within 24 hours.
Behavioral health	
Routine behavioral healthcare for nonpriority populations.	Routine behavioral health treatment is scheduled within 7 days.
Urgent behavioral healthcare for all populations.	Urgent behavioral health treatment: Seen or treated within 24 hours or as indicated in the initial screening in accordance with OAR 410-141-3840.

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2023 AllCare CCO Member Handbook

Care type	Time-frame
Specialty behavioral healthcare for priority populations*	
Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages 0-5 years, members with HIV/AIDS or tuberculosis, members at the risk of first episode psychosis and the I/DD population.	Immediate assessment and entry. If interim services are required because there are no providers with visits, treatment at proper level of care must take place within 120 days from when patient is put on a wait-list.
IV drug users including heroin.	Immediate assessment and entry. Admission for services in a residential level of care is required within 14 days of request, or, placed within 120 days when put on a wait-list because there are no providers available.
Opioid use disorder.	Assessment and entry within 72 hours.
Medication assisted treatment.	As soon as possible, but no more than 72 hours for assessment and entry.

* For specialty behavioral healthcare services if there is no room or open spot:

- You will be put on a wait-list.
- You will have other services given to you within 72 hours.
- These services will be temporary until there is a room or an open spot.

If you have any questions about access to care, call Customer Care at the phone numbers listed at the bottom of this page.

Second opinions.

You have a right to get a second opinion about your condition or treatment. Second opinions are free. If you want a second opinion, call AllCare CCO Customer Care and tell us you want to see another provider.

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If there is not a qualified provider within our network and you want to see a provider outside our network for your second opinion, call AllCare CCO Customer Care for help. We will arrange the second opinion for free.

Physician Incentives and Provider Payment.

We pay a bonus or reward to our providers for keeping you healthy. We do not pay or reward our providers for limiting services and referrals. We may pay providers in different ways to improve how you receive care and to encourage providers to focus on improving your overall health. These do not impact member's access to benefits or care.

You have the right to ask if AllCare CCO has special financial arrangements with its doctors that can affect the number of referrals and other services they use. To get this information, call Customer Care and ask for information about physician payment arrangements.

Primary Care Providers (PCPs).

A primary care provider is who you will see for regular visits, prescriptions, and care. You can pick one, or we can help you pick one.

Primary care providers (PCPs) can be doctors, nurse practitioners and more. You have a right to choose a PCP within the AllCare CCO network. If you do not pick a provider within 30 days, AllCare CCO will assign you to a clinic or pick a PCP for you. AllCare CCO will send you a letter with your provider's information.

In-network providers.

AllCare CCO works with some providers, but not all of them. Providers that we work with are called in-network or participating providers. Providers we do not work with are called out-of-network providers. You may be able to see out-of-network providers if needed, but they must work with the Oregon Health Plan.

Your PCP will work with you to help you stay as healthy as possible. They keep track of all your basic and specialty care needs. Your PCP will:

- Get to know you and your medical history.
- Provide your medical care.
- Keep your medical records up-to-date and in one place.

Your PCP will refer you to a specialist or admit you to a hospital if needed.

2023 AllCare CCO Member Handbook

Each member of your family on OHP must pick a PCP. Each person can have a different PCP.

If you do not pick a PCP we will pick one for you. Please call AllCare CCO Customer Care if you would like to change your PCP. You can start seeing your new PCP on the day this change is made. You cannot see two PCP's within the same month.

If the in-network provider you have chosen for your PCP leaves our network, we will notify you in writing.

Don't forget to ask AllCare CCO about a dentist, behavioral health provider, and pharmacy.

Choosing your Primary Care Provider (PCP).

To get medical services, you must choose an in-network doctor or nurse practitioner as your Primary Care Provider (PCP). You have the right to choose a PCP and where you get your health care services. You also have the right to change your choices.

Please choose a doctor from the Find A Doctor search tool on the AllCare Health website at AllCareHealth.com/CCO/Lookup-Tools/Find-A-Doctor. To get a hard copy of the AllCare CCO Provider Directory, or to get it in another format (such as other languages, large print, or braille) at no cost, call Customer Care at the phone numbers at the bottom of this page.

Provider directory.

You can choose your PCP from the provider directory at AllCareHealth.com/CCO/Lookup-Tools/Find-A-Doctor. You can also call Customer Care at the phone numbers listed at the bottom of this page for help.

Here are examples of information you can find in the Provider Directory:

- If a provider is taking new patients.
- Provider type (medical, dental, behavioral health, pharmacy, etc).
- How to contact them.
- Video and phone care (telehealth) options.

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- Language help (including American Sign Language).
- Accommodations for people with physical disabilities.

You can get a paper copy. You can get it in another format (such as other languages, large print, or Braille) for free. Call Customer Care at the phone numbers listed at the bottom of this page.

Using the online “Find A Doctor” tool.

You can search the “Find A Doctor” tool for all available PCPs in your area.

The image shows a screenshot of the "Find A Doctor" web application. It features a search sidebar on the left and a list of doctor profiles on the right. Three steps are annotated with callouts:

- Step 1:** Points to the "Accepting New Patients" and "Primary Care Provider" checkboxes in the search filters.
- Step 2:** Points to the "Location" field where "97501" is entered and the "10 mi" travel distance is selected from a dropdown menu.
- Step 3:** Points to the "Submit" button at the bottom of the search filters.

Step 1: Click on the “Accepting New Patients” and “Primary Care Provider” check boxes.

Step 2: Enter your zip code (for example: 97501) and select how far you are willing to travel (for example: 10 miles).

Step 3: Press the Submit button. All the doctors who are currently available in that area will show on the page to the right of the search box.

- Family Medicine – gives care to children and adults.
- Internal Medicine – gives care to adults only.
- Pediatrician – gives care to children only.

2023 AllCare CCO Member Handbook

Your PCP (doctor or nurse practitioner) will:

- Get to know you and your medical history.
- Provide all of your medical care.
- Keep your medical records up-to-date and in one place.

If needed, your PCP will:

- Send you to a specialist.
- Admit you to a hospital.

If you already have a Primary Care Provider (PCP).

Make sure your current provider is listed in the AllCare CCO Provider Directory. If your PCP is not listed, you must choose a PCP who is listed in the directory or on the online search tool. It is a good idea to choose a PCP close to where you live.

Once you choose a PCP:

- Fill out the Primary Care Provider Selection Form given to you in the New Member Packet.
- Fold and mail the form in the included, postage paid envelope.
- A new AllCare CCO Member ID card will be sent to you. It will have your new doctor or nurse practitioner's name and phone number on it.

OHP requires you to choose a PCP within 30 days of enrolling in a CCO. To do this, you need to fill out the back of the PCP Selection Form and return it to us within two (2) weeks. If you have not returned your selection form in time, we will choose a PCP for you. You can choose to change your PCP two (2) times in 12 months.

Changing your Primary Care Provider (PCP) or Primary Care Dentist (PCD).

If you want a new Primary Care Provider or Dentist, please call Customer Care at the phone numbers listed at the bottom of this page as soon as you decide you want to change. A representative will help you make the change. You cannot see your new provider or dentist until the change is made by AllCare CCO. When you call,

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a Customer Care representative will tell you when the change will happen. We will send you a new ID card with your new PCP or dental plan's name and phone number.

You may change your Primary Care Provider or Dentist two (2) times in 12 months. If you want to change more than two (2) times in 12 months, our Customer Care Director must approve the change.

When you change to a new PCP, you will need to request a copy of your medical records from your current PCP. You may be charged a reasonable copying fee from your PCP for your records. You should then provide your records to your new PCP.

Patient-Centered Primary Care Home (PCPCH).

We want you to get the best care possible. One way we try to do that is by asking our providers to be recognized by the Oregon Health Authority as a Patient-Centered Primary Care Home (PCPCH). That means they can receive extra funds to pay close attention to their patients, making sure all their medical, dental, and behavioral health needs are met.

You can ask at your clinic or provider's office if they are recognized as a PCPCH. In the printed AllCare CCO Provider Directory, there are "PCPCH" icons that will show next to the clinic's name.

Family Medicine

APP - Family Medicine
PCPCH

(541) 472-7810

520 SW Ramsey Avenue, Grants Pass, OR 97527-5535

PCPCH Patient-centered primary care home

P-C ✓ **EN**

DeKorte, Bradley DO ✓ **EN**

Thompson, Brandy FNP-C ✓ **EN**

Gramzow, Matthew MD ✓ **EN**

Weber, Kayla FNP-C ✓ **EN**

Leung, Samuel DO ✓ **EN**

Key

EN English speaking	ES Spanish speaking	Interpreter available	Accessibility
PCPCH Patient-centered primary care home		✓ Accepting new patients	Telemedicine available

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2023 AllCare CCO Member Handbook

For help to find a PCPCH that is open to new patients, call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page.

Meeting your Primary Care Provider (PCP).

You will need to call to make an appointment with your PCP within 30 days of joining AllCare CCO. You should have a physical exam with your new PCP (doctor or nurse practitioner) within 90 days of joining AllCare CCO. This first visit helps your PCP get to know you and your medical needs before you get sick.

If the PCP you already see is an AllCare CCO provider and you've seen your PCP in the last 12 months, (1 year), a first visit is not necessary. If you have not seen your PCP in the last year, please schedule a physical exam within 90 days (three months) of enrollment with AllCare CCO.

To schedule a visit with your PCP, call the number for your provider's office that is provided on your member ID card. They can help you find a time that works for both you and your PCP. If you need help to schedule a visit with your PCP, Care Coordination is available to help. See **page 87**.

Each member of your family must have a dentist that will be their primary care dentist (PCD). You will go to your PCD for most of your dental care needs. Your PCD will send you to a specialist if you need to go to one.

Your PCD is important because they:

- Are your first contact when you need dental care.
- Manage your dental health services and treatments.
- Arrange your specialty care.

Changes to your PCP.

If there is a change and your PCP is no longer contracted with AllCare CCO, we will send you a letter 30 days before the change happens. If this change was already made, we will send you a letter within 15 days of the change.

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Make an appointment.

You can make an appointment with your provider as soon as you pick one.

Your PCP should be your first call when you need care. They will make an appointment or help you decide what kind of care you need. Your PCP can also refer you to other covered services or resources. Call them directly to make an appointment.

If you are new to your PCP, make an appointment for a check-up. This way they can learn about you and your medical history before you have an issue or concern. This will help you avoid any delays the first time you need to use your benefits.

Before your appointment, write down:

- Questions you have for your PCP or other providers.
- History of family health problems.
- Prescriptions, over-the-counter medications, vitamins or supplements you take.

Call for an appointment during office hours and tell them:

- You are an AllCare CCO member.
- Your name and AllCare CCO ID number.
- What kind of appointment you need.
- If you need an interpreter and the language you need.

Let them know if you are sick and need to see someone that day.

You can get a free ride to your appointment.

Learn more about free rides to care on **page 100**.

Missed appointments.

Try not to miss appointments. If you need to miss one, call your PCP and cancel right away. They will set up another visit for you. If you don't tell your provider's office ahead of time, they may not agree to see you again.

Each provider has their own rules about missed appointments. Ask them about their rules.

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We want to take care of you the best way possible. Coordinating your care is how we do that.

Get help organizing your care with Care Coordination.

Care Coordination services are available through AllCare CCO. You can also get care coordination from your patient-centered primary care home (PCPCH), primary care provider, or other primary care team. You can talk to your provider or AllCare CCO Customer Care to ask for a care coordinator.

The purpose of this service is to make your overall health better. We will help find out your health care needs and help you take charge of your health and wellness.

You can ask us for a care coordinator. Your representative can also ask for you. Call Customer Care at the phone numbers listed at the bottom of this page.

Working together for your care.

Your care coordinator team will work closely with you and your provider. They will connect you with community and social support resources that may help you. They will create a plan to make sure your care team is working together to provide your care, and to follow-up after your care.

We want to help make sure anyone who gives you care can focus on helping you stay well and improve your health. Your care team will work together to manage and organize your services. This will help make sure you get the best care for your needs.

The nurses and case managers of the care team have special training in many health conditions. They can help you with:

- Diabetes.
- Heart failure.
- Asthma.
- Depression.
- High blood pressure.
- And other conditions.

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2023 AllCare CCO Member Handbook

This care team is also ready to help you with your approvals and other needs. They can:

- Help you understand your benefits and how they work.
- Help you pick a primary care provider (PCP).
- Provide care and advice that is easy to follow.
- Help you understand the coordinated health care system.
- Help you get behavioral health services.
- Help make sure your providers talk to each other about your health care needs.

Your care team can help find other resources in your community, like help for non-medical needs. Some examples are:

- Safe housing.
- Healthy foods.
- Rides.
- Trainings and classes.
- Family support, or
- Social services.

Members with Medicare.

You can also get help with your OHP and Medicare benefits. A care coordinator works with you, your providers, your Medicare Advantage plan and/or your caregiver. We partner with these people to get you social and support services, like culturally specific community-based services.

Intensive Care Coordination.

You can get Intensive Care Coordination (ICC) services if you need more help. ICC services give extra support to those who need it.

Some people who qualify for ICC services may be:

- Older adults, those who are hard of hearing, deaf, blind or have other disabilities.

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- Those with high healthcare needs, multiple chronic conditions, or severe and persistent mental illness (SPMI).
- Individuals receiving Medicaid-funded long-term care services and supports (LTSS).
- Those who are in medication-assisted treatment (MAT) for Substance Abuse Disorder (SUD).
- Women who have been diagnosed with a high-risk pregnancy.
- IV drug users.
- Those who have a SUD in need of withdrawal management.
- Individual with HIV/AIDS or who has tuberculosis.
- Veterans and their families.
- Those at high risk of first episode psychosis.
- Those within the intellectual and development disability (IDD) population.
- And others.

Intensive Care Coordination can also help children:

- Age 0-5 who show early signs of social/emotional or behavioral problems or have a Serious Emotional Disorder (SED) Diagnosis.
- Who have neonatal abstinence syndrome.
- In Child Welfare.

You and your ICC coordinator will make a plan called an Intensive Care Coordination plan (ICCP). This plan will be made within 10 days of starting the ICC program. It will help you meet your needs. It will also help you keep personal health and safety goals.

Your care plan will list supports and services needed to help you reach your goals. The care plan will be updated every 90 days, or sooner if your health care needs change. You can get a copy of your plan.

You will have an ICC team to help you. This team will include different people who will work together to meet your needs, such as providers and specialists you work with. This plan addresses medical, social, cultural, developmental, behavioral,

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2023 AllCare CCO Member Handbook

educational, spiritual, and financial needs so you have positive health and wellness results. Your care team's job is to make sure the right people are part of your care plan to help you reach your goals. We will all work together to support you.

Your care coordinator can also:

- Access resources to make sure you feel comfortable, safe, and cared for.
- Use care programs to help you manage chronic health conditions.
- Help with medical issues such as diabetes, heart disease and asthma.
- Help with behavioral health issues including depression and substance use disorder.
- Create a treatment plan with you.

Call Customer Care at the phone numbers listed at the bottom of this page to get an ICC care coordinator. AllCare CCO will make sure that you or your representative get your ICC care coordinator's name and phone number.

Intensive care coordination services are available Monday through Friday 8:00 a.m. to 5:00 p.m. If you can't get ICC services during normal business hours, call Customer Care at the numbers listed at the bottom of this page.

Special screening and preventive care for members under age 21.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are comprehensive and preventive health care services for children from birth to age 21. This benefit provides you with services that can prevent and detect if there are conditions or health concerns in early stages. It can reduce the risk of illness, disability or other medical/behavioral health care that may be needed.

You can get EPSDT services from a physician (MD or DO), nurse practitioners, licensed physician assistants, and other license health professionals (continuing care providers). These providers can also give a direct referral to a dentist to provide dental services. The timing and types of dental services can be found here:

[Oregon.gov/oha/HSD/OHP/Tools/OHP-Recommended-Dental-Periodicity-Schedule.pdf](https://www.oregon.gov/oha/HSD/OHP/Tools/OHP-Recommended-Dental-Periodicity-Schedule.pdf)

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

The EPSDT program offers:

- “Well-child” medical exams, screening, and diagnostic services to determine if there are any physical, dental, developmental, and behavioral health conditions for members 0 to age 21.
- It also covers health care, treatment, and other measures to correct or help any conditions discovered. Anything covered under the EPSDT program is at no cost to the member from birth to age 21.
- When you ask for EPSDT services your PCP should provide the services in a timely manner, no later than six months after your request.
- Regularly scheduled examinations and evaluations of the general physical and behavioral health, growth, development, and nutritional status of infants, children, and youth under the age of 21.

If you or your family member needs EPSDT services, work with your primary care provider (PCP). They will help you get the care you need. If any services need approval, they will take care of it. Work with your primary care dentist for any dental EPSDT services. All EPSDT services are free to members under the age of 21.

Help getting EPSDT services.

- Call Customer Care at the phone numbers listed at the bottom of this page.
- Call your assigned dental plan to set up dental services. If you do not know your dental plan, call Customer Care at the phone numbers listed at the bottom of this page.
- You can free get rides to and from covered EPSDT provider visits if you have no other way to get there. Call ReadyRide at **(800) 479-7920** to schedule a ride or for more information.
- You can also find this information on our website at:
AllCareHealth.com/Medicaid/Services/EPSDT.

AllCare and OHP cover EPSDT regular screening visits at age-appropriate times. Once you ask for a screening, treatment will usually start within 6 months. OHP follows the American Academy of Pediatrics and Bright Futures guidelines. Bright Futures can be found at: **brightfutures.aap.org/Pages/default.aspx**.

Need help?

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2023 AllCare CCO Member Handbook

The Bright Futures Guidelines provide guidance for all preventive care screenings and well-child visits.

Screening visits must have:

- Developmental screening.
- Lead testing:
 - Children must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must get one.
 - Completion of a risk assessment questionnaire does not meet the lead screening requirement for children in OHP. All children with lead poisoning can get follow up case management services.
- Other needed laboratory tests (such as anemia test, sickle cell test, and others) based on age and client risk.
- Assessment of nutritional status.
- Overall unclothed physical exam with an inspection of teeth and gums.
- Full health and development history (including review of both physical and behavioral health development).
- Immunizations (shots) that meet medical standards:
 - Child Immunization Schedule (birth to 18 years):
[Cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html](https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html)
 - Adult Immunization Schedule (19+):
[Cdc.gov/vaccines/schedules/hcp/imz/adult.html](https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html)
- Health guidance and education for parents and children.
- Referrals for medically necessary physical and behavioral health treatment.
- Needed hearing and vision tests.
- Recommended services and screenings at certain ages, until the age of 21. See the Bright Futures schedule here: [Downloads.aap.org/AAP/PDF/periodicity_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).
- And others.

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EPSDT visits also include unscheduled check-ups or exams that can happen at any time because of illness or a change in health.

EPSDT Referral, diagnosis and treatment.

Your primary care provider may refer you if they find a physical, behavioral health, substance abuse, or dental condition. Another provider will help with more diagnosis and/or treatment.

The screening provider will explain the need for the referral to the child and parent or guardian. If you agree with the referral, the provider will take care of the paperwork.

AllCare CCO or OHP will also help with care coordination, as needed.

Screenings may find a need for the following services.:

- Diagnosis of and treatment for defects in vision and hearing, including eyeglasses and hearing aids.
- Dental care, at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.
- Immunizations. (If it is determined at the time of screening that immunization is needed and appropriate to provide at the time of screening, then immunization treatment must be provided at that time.)

These services must be provided to eligible EPSDT members.

AllCare CCO will give referral help to members or their representatives for social services, education programs, nutrition assistance programs, and other services.

Need help?

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2023 AllCare CCO Member Handbook

Traditional Health Workers (THW).

Traditional Health Workers (THW) help with questions you have about your health care and social needs. They help with communication between your health care providers and other people involved in your care. They also connect with people and services in the community that can help you.

There are a few different kinds of traditional health workers:

- **Birth Doula:** A person who helps mom-to-be and their families with personal, non-medical support. They are there throughout a woman's pregnancy, childbirth, and after the baby is born.
- **Community Health Worker:** A public health worker understands the people and community where you live. They help you access health and community services. A community health worker helps you start healthy behaviors. They usually share your ethnicity, language, or life experiences.
- **Personal Health Navigator:** A person who gives information, tools, and support to help you make the best decisions about your health and wellbeing, based on your situation.
- **Peer Support Specialist:** Someone who has life experiences with behavioral health, addiction and recovery. Or they may have been a parent of a child with behavioral health or addiction treatment. They give support, encouragement, and help to those facing addictions and behavioral health issues. They can help you through the same things.
- **Peer Wellness Specialist:** A person who works as part of a health home team and speaks up for you and your needs. They support the overall health of people in their community and can help you recover from addiction, behavioral health, or physical conditions.
- **Tribal Traditional Health Workers:** Someone who helps tribal or urban Indian communities improve their overall health. They provide education, counseling, and support which may be specific to tribal practices.

THW can help you with many things, like:

- Finding a new provider.

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2023 AllCare CCO Member Handbook

- Receiving the care you need.
- Understanding your benefits.
- Providing information on behavioral health services and support.
- Advice on community resources you could use.
- Someone to talk to from your community.

Call Customer Care at the phone numbers listed at the bottom of this page to find out more about THW's and how to use their services. You can also find up-to-date information on our website at:

AllCareHealth.com/Medicaid/Services/Care-Coordination/Traditional-Health-Workers.

Extra services.

AllCare CCO offers services or settings that are medically appropriate alternatives to services covered by OHP. These are called “in lieu of services” (ILOS). They are offered as helpful options for members. AllCare CCO offers the following ILOS:

1. Online Diabetes Self Management Programs for members 18 years and older with a diagnosis of type 1 or type 2 diabetes.
2. Extra training support or guidance to manage their diabetes.

Our Care Coordinators will work with you and your care team to make the best choice. If you have any questions about any of the benefits or services above, please call Customer Care at the phone numbers listed at the bottom of this page.

Health-Related Services.

Health-Related Services (HRS) are extra services AllCare CCO offers. HRS help improve overall member and community health and well-being. HRS are flexible services and community benefit initiatives for members and the larger community. The AllCare CCO HRS program aids in the best use of funds to address social risks factors, like where you live, to improve community well-being. Learn more about health-related services at:

Oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx.

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2023 AllCare CCO Member Handbook

Flexible services.

Flexible services are support for items or services to help members become or stay healthy. AllCare CCO can help you with non-medical issues and services that can affect your health. For example, we may be able to help you with a ride to the grocery store, to pick up a prescription, or provide you with a scale to monitor your weight. These services are called Flexible Services and they are outside of your Oregon Health Plan benefit. Flexible services are meant to help you stay healthy and to supplement the care from your Providers.

You can call Customer Care at the phone numbers listed at the bottom of this page and ask for flexible services. We will put you in touch with a Care Coordinator to help you access what you need. Your representative or Provider can also request flexible services for you.

Examples of other flexible services:

- Food supports, such as grocery delivery, food vouchers, or medically tailored meals.
- Short-term housing supports, such as rental aid to support moving costs, rent support for a short period of time, or utility set-up fees.
- Temporary housing or shelter while recovering from a medical procedure or condition, such as an outpatient surgery.
- Items that support healthy behaviors, such as athletic shoes or clothing.
- Mobile phones or devices for accessing telehealth or health apps.
- Other items that keep you healthy, such as an air conditioner or air filter.

Flexible Services are part of Health-Related Services offered by AllCare CCO. Health Related Services are made up of **flexible services** and **community benefit initiatives**. Flexible Services are available only for Allcare CCO members. Community benefit initiative programs and services are provided for the whole community.

Need help?

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Community benefit initiatives.

Community benefit initiatives are services and supports for members and the larger community to improve community health and well-being. An example of just some of the member and community benefits we offer can be seen on the following table.

More Member and Community Benefits.

Gym Memberships	AllCare CCO members can get a monthly gym membership at no cost . Benefits can include wellness programs, cooking and nutrition classes, childcare, family and youth programs.
Weight Loss, Chronic Pain, and Chronic Conditions	You can sign up for weight loss and chronic health condition programs to help you take control of your health.
Financial Wellness, Seniors, and Disability	As a member, you can get help with Social Security Disability applications. You can also get credit counseling, learn about debt management, and take financial classes.
Housing, Homelessness, Accessibility, and Living Supports	AllCare CCO partners with community programs to help shelter people experiencing homelessness. We also have programs to help improve living conditions, if needed.
Family, Child, and Parenting	Parenting classes, childcare, and other family support is available to AllCare CCO members.
Health/Legal Partnership	If legal problems are preventing you from getting good health care, AllCare CCO may be able to help through a health/legal partnership program.
Domestic Violence	AllCare CCO partners with several programs that can help members who are victims of domestic violence.
Food	AllCare CCO is part of several community food programs. They include food banks, community gardens, SNAP-matching at the local growers markets, and others. Members can also get home-delivered meals as part of a post-hospital discharge care plan.
Community Engagement and Economic Development	AllCare CCO works with many community partners to make our community healthy and safe. Programs include suicide prevention, help for at-risk youth, foster children and families, job and life skills development, and many others.

2023 AllCare CCO Member Handbook

How to get health-related services for you or family member.

You can work with your provider to request HRS or you can call Customer Care at the phone numbers listed at the bottom of this page and have a request form sent to you in the language or format that fits your needs.

Decisions to approve or deny flexible services requests are made on a case-by-case basis. If your flexible service request is denied, you will get a letter. You can't appeal a denied flexible service but you have the right to make a complaint. Learn more about appeals and complaints on **page 155**.

If you have OHP and have trouble getting care, please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email OHA.OmbudsOffice@odhsoha.oregon.gov or leave a message at **(877) 642-0450**.

Another resource for supports and services in your community is **211 Info**. Call **2-1-1** or go to the 211 Info website for help.

Preventive healthcare: Keeping you healthy.

In addition to treating you when you are sick, your PCP can help you to stay healthy. Physical exams are an important part of keeping you and your family healthy. When your PCP sees you regularly, it is easier to see and care for health problems before they become bigger problems and harder to treat. Your PCP also can tell you how to stay healthy.

Immunizations, also known as shots or vaccines, are an important and effective way to stay healthy. They help your body fight off certain diseases. Infants and children need many shots or vaccines as they grow. Adults should get a shot for tetanus (a very serious infection) every 10 years. Shots or vaccines for COVID-19, the flu, and pneumonia are most important if you have a chronic illness, but they also help keep everyone healthy. If you think you need other kinds of shots or vaccines, please talk to your PCP.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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AllCare CCO covers preventive healthcare including:

- Regular physical exams for children and adults.
- Immunizations/shots.
- Medical tests such as x-rays and blood tests.
- Most other screening tests asked for by your PCP.

Quitting tobacco.

AllCare CCO has classes and support groups for people who want to quit using tobacco. These services are free to AllCare CCO members. If you need help quitting tobacco, call Customer Care at the phone numbers listed at the bottom of this page. You can ask to talk with our Tobacco Cessation Coordinator. Or you can call your PCP. No referral is needed. Your doctor will prescribe a treatment plan for you. AllCare CCO covers nicotine gum, patches, Zyban, and Chantix. We also provide support and counseling to help you quit and stay tobacco free. You can also call toll free at **(800) QUIT-NOW**, or **(800) 784-8669** to be connected to your state's tobacco quit-line.

Healthy living.

We have many programs to help you live healthy. For more information about any of our programs that can help keep you healthy, please call Customer Care at the phone numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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Free rides to care.

Free rides to appointments for AllCare CCO members.

If you need help getting to an appointment, call ReadyRide for a free ride if you have no other way to get there. You can get a free ride to any physical, dental, pharmacy, or behavioral health visit that is covered by AllCare CCO.

You or your representative, (like a Community Health Worker, foster parent, adoptive parent, or other Provider who has permission) can ask for a ride. We may give you a bus ticket or have a driver pick you up. We may pay gas money to you, a family member, or a friend to drive you. There is no cost to you for this service. AllCare CCO or ReadyRide will never bill you for rides to or from covered services, even if AllCare CCO or ReadyRide denied reimbursement for the ride.

Who can use ReadyRide?

AllCare CCO provides all non-emergency medical transportation (NEMT) services for its members. AllCare CCO members who cannot get to an appointment on their own can use ReadyRide.

Service area or long-distance rides.

We give rides to AllCare CCO members in Curry, Douglas, Jackson, and Josephine counties. We give long-distance rides to other counties if your doctor orders a service there. Long-distance rides have special rules. To get a ride, please call ReadyRide at **(800) 479-7920**, Monday through Friday, 8:00 a.m. to 6:00 p.m.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Cost.

There is no cost to you for rides.

Scheduling a ride.

Call ReadyRide at **(800) 479-7920** to get a ride. For hearing impaired, call TTY 711. We have qualified multilingual staff to speak with you. Language Access services are provided free of charge via a telephone for callers with limited English speaking ability. We are also able to help those callers who are hearing and/or speech impaired. You can schedule a ride Monday through Friday, 8:00 a.m. to 6:00 p.m. We ask that you call at least two business days before you need a ride.

You may schedule a ride as early as three months or ninety (90) days before you need the ride. You can schedule more than one (1) ride at a time, including multiple rides for recurring appointments up to ninety (90) days in advance.

You can schedule a same-day, or next-day ride. Members should, whenever possible, schedule rides in advance.

Service hours.

Call Center hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. The Call Center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas following the Federal Observation of closure for these holidays.

To ensure we can best meet your transportation needs, we ask that you call at least two (2) business days before a holiday.

- Rides are available day or night, every day of the year.
- A ride in the evening, on weekends, or holidays can be hard for us to schedule. If you need a ride during these times, please call as far ahead as possible.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

What to expect when you call.

The first time you call, we will tell you about the program and discuss your ride needs. We will ask about your mobility and independence and if you will need someone to travel with you to attend to your needs. The first call will take between ten (10) and fifteen (15) minutes.

- When you call to schedule a ride, we will ask for:
- Your name.
- Your address.
- Your phone number.
- Your date of birth.
- Your AllCare CCO member ID number.
- If you have another way to get to your visit.
- Name of the doctor or clinic you need to visit.
- Address and directions for the doctor or clinic you need to visit.
- Date of appointment.
- Time of appointment.
- Pick-up time after appointment.
- Any special needs, such as a wheelchair or service animal.
- If you will have anyone traveling with you.
- Directions to your home.

Prior to approving your request for a ride, AllCare CCO will check to see if your appointment is a covered service or health-related service. If you have Medicare as your primary insurance, we will check to see if your appointment is to a Medicaid or Medicare covered appointment. Approving and scheduling, or denying a request for Non-Emergency Medical Transportation (NEMT) services (including all legs of the trip) will be reviewed within twenty-four (24) hours of receiving the request. This time-frame shall be reduced as necessary to ensure the Member arrives in time for their appointment.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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During your call we will ask about:

- Your transportation needs.
- Your preferred method of contact by ReadyRide.
- The mode of transportation.
- If you will need to be joined by an adult to help you and attend to your needs.
- How you get around in the community. (Like, how you get to the store or go to the movies.)

We may ask other questions such as:

- If you are able to walk to a bus stop.
- If you have a vehicle you are able to drive.
- If you can afford to drive or if you may need money to help pay for the trip.
- If you use public transportation.
- If you or another person will be asking to be paid back for mileage if you make the trip yourself.

AllCare CCO nor Ready Ride are responsible for arranging your transportation when using public transportation or mileage reimbursement with an alternate driver.

We will talk to you about any physical or behavioral disabilities you may have. We may modify your trip to meet your needs and make sure you receive the appropriate mode of transportation. If a secure ride is needed to a Medicaid enrolled facility that is recognized as being able to treat the immediate medical or behavioral care needs of a Member in crisis, one additional person may go with the Member at no charge when medically appropriate. This additional person might be there to administer medications during the ride, or be there to satisfy legal requirements. This could include, but is not limited to, when a parent, legal guardian, or escort is required during transport. We will ensure that the secure ride follows state laws.

Full Benefit Dual Eligible (FBDE) members are also able to get rides through ReadyRide. They will confirm that you are able to get a ride and that the service is covered through your Medicare plan or Medicaid plan or directly with your Medicare provider. Rides for FBDE members must be within AllCare CCO's service area or can be out-side the service area if the covered or health related service is not available in the service area. These rides are free to FBDE members.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

During your call we will read back to you:

- The date of your trip.
- The pick up location.
- The address of your appointment.
- Any special travel needs you have.

We will call you no less than two (2) days prior to the scheduled pick-up time. We will tell you:

- Your driver's name and telephone number.
- The scheduled pick-up date and time.
- The name and address of the provider you are going to see.
- Our phone number, in case you need to reschedule, cancel, or have a question about your ride.
- Responsibility of determining if ride arrangements have been made cannot be given to the member.

Your rides will be scheduled and assigned to the correct mode of transportation. Drivers cannot change your pickup time without documented permission from the ReadyRide office. In the event that ReadyRide will be more than fifteen (15) minutes late, we will call you to let you know and re-route another vehicle or activate a reserve vehicle in our fleet.

If you learn of an appointment schedule change or have an unforeseen scheduling change from your provider, we will reassign your trip to another vehicle if necessary.

Your travel time will ensure you arrive at your destination with time to check in and get ready for your appointment. Your return ride at the end of your appointment will arrive at the prearranged time. If the originally planned driver and vehicle will be more than fifteen (15) minutes late or is otherwise unable to pick you up, we will contact you by telephone to let you know what time a vehicle and driver will be arriving to pick you up.

If there was no prearranged pickup time for your return trip, your driver will arrive within 1 hour after you tell us that you are ready. Your trips will be provided by drivers and in vehicles that meet all Oregon Health Plan requirements.

Need help?

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TTY: 711 Language Access: (888) 260-4297

When you call to schedule a ride for a child twelve (12) years of age and under, we will also need to know:

- The child's name, member ID number, and birth date.
- If your child requires a child seat.
- The name of the adult who will be with your child.

Children twelve (12) years of age and under must have an adult ride with them at all times.

Safety seats are required for a person who weighs less than 40 pounds and who is four feet nine inches or shorter. The adult with the child must bring and install the safety seat. Drivers cannot help install or remove safety seats. Safety seats cannot be left with your driver during the child's appointment. You might not have the same driver on the return ride.

Vehicle Safety.

All vehicles meet all of the requirements set forth in OAR 410-141-3925 as well as local licensing and permit requirements and are operated by drivers who meet all of the requirements of, and have undergone all of the pre-hire activities required under OAR 410-141-3925. These include verification of State driver's license with any required endorsements, screening for exclusion from participation in federal programs, and background checks.

The inside of the vehicle shall be clean and free from any debris preventing a member's ability to ride comfortably.

Smoking, aerosolizing, or vaporizing of inhalants is not allowed in the vehicle at any time in accordance with ORS 433.835 to 433.990 and OAR 333-015-0025 to 333-015-0090.

All vehicles shall include, without limitation, the following safety equipment:

- Safety belts for all passengers if the vehicle is legally required to provide safety belts.
- First aid kit.
- Fire extinguisher.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

- Roadside reflective or warning devices.
- Flashlight.
- Tire traction devices when appropriate.
- Disposable gloves.
- All equipment necessary to securely transport members using wheelchairs or stretchers in accordance with the Americans with Disabilities Act of 1990 (as amended) (ADA), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute 659A.103.

A preventative maintenance schedule shall be followed for each vehicle that incorporates all of the maintenance recommended by the vehicle manufacturer. The vehicle must be in good operating condition and shall include, but is not limited to, the following equipment:

- Side and rear-view mirrors.
- Horn.
- Heating, air conditioning, and ventilation systems.
- Working turn signals, headlights, taillights, and windshield wipers.

Emergencies.

ReadyRide does not provide emergency transportation. If you need an ambulance, call 911. If you have an emergency during your ride, please let your driver know. Your driver will call 911.

Adverse Weather Conditions.

Adverse weather conditions could mean one or more of the following:

- Extreme hot or cold temperatures
- Flooding
- Heavy snowfall
- Icy roads.
- Road closures due to wildfires.

In dangerous weather conditions, ReadyRide may use all-terrain vehicles and/or tire chains on the vehicles used to give rides to members that have to

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TTY: 711 Language Access: (888) 260-4297

travel on bad roads to get to their appointment. Sub-contractors will be notified to use chains when necessary. Travel to critical medical appointments such as chemotherapy, dialysis and medication assisted treatment will continue. If some appointments are not urgent, it may be necessary to re-schedule for the safety of you and your driver. ReadyRide uses the Oregon Department of Transportation's Trip Check to see road closures. ReadyRide will re-route vehicles if possible.

If your ride is denied.

You will receive a call to let you know that your ride is denied. All denials are reviewed by two staff members before sent to you. If your ride is denied, we will mail you a Notice of Adverse Benefit Determination (NOABD) within 72 hours of the decision. The notice states the rule and reason for the denial.

You can ask for an appeal with AllCare CCO if you do not agree with the denial. You have 60 days from the date of the denial notice to request an appeal. After the appeal, if the denial stands you also have the right to request a State hearing.

We will mail your provider a letter as well, if the provider is part of our provider network and they requested the transportation on your behalf.

You have the right to make a complaint at any time. Learn more about making a complaint or asking for an appeal on **page 155**.

Your rights as a rider.

- 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.
- Get a written notice when there are any changes to your NEMT services.
- Ask for an appeal, ask for a hearing, or ask for both if you feel you have been denied a ride service unfairly.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Your responsibilities as a rider.

- Treat drivers and other passengers with respect.
- Call us as early as possible to schedule, change, or cancel a ride.
- Use seatbelts and other safety equipment as required by law (example: car seats).
- Ask for any additional stops, like the pharmacy, in advance.
- Be ready fifteen (15) minutes prior to your pick-up time.

Service changes.

Your service can be changed for passengers and driver's safety. This includes:

- If you have a health condition that presents a direct threat to the driver or others in the vehicle.
- If you threaten harm to the driver or others in the vehicle.
- If your behavior puts the driver or others in the vehicle at risk of harm.
- If your behavior, in the CCO's judgment, causes local medical providers or facilities to refuse to provide services to you.
- Frequent same day cancels, late cancels, and no-shows.

How to cancel a ride.

Local rides: If you need to cancel or change a local ride, please call ReadyRide at least two (2) hours before the pick-up time.

Long-distance rides: If you need to cancel or change a long-distance ride, please call ReadyRide at least six (6) hours before the pick-up time.

Rides canceled after these times are considered late cancels.

When to be ready.

To make sure we get you to your appointment on time, we ask that you are ready fifteen (15) minutes before the pick-up time assigned by ReadyRide. You are not required to board the vehicle prior to the scheduled pick-up time.

Your driver will let you know when they have arrived to pick you up. If you are not ready within fifteen (15) minutes after your scheduled pick-up time your driver will

Need help?

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TTY: 711 Language Access: (888) 260-4297

notify their dispatcher before leaving. You may be considered a no-show. If you are late, your provider may not be able to see you for your appointment.

The driver will provide the pre-determined level of service that you need to help you.

You will not be required to arrive at your appointment more than one (1) hour before your appointment time or fifteen (15) minutes before the building opens.

Your trip will be planned to drop you off for your appointment no less than fifteen (15) minutes before your appointment time to ensure you are not considered late by your provider.

Late cancel and no-show policy.

Late cancels, same-day cancellations, and no-shows may cause a problem in getting you the care you need. If you have more than three late canceled rides or more than three (3) missed rides in ninety (90) days, we may need to find you a different type of ride. This can include working with your AllCare Health Care Coordinator.

When is a driver on time?

- Your driver should arrive within five (5) minutes before your pick-up time and no more than ten (10) minutes after your pick-up time.
- If you call for a ride home, your driver should arrive within one (1) hour.
- If a driver is not on time, please call **(800) 479-7920** to tell us.

Your driver can't leave you at an appointment more than fifteen (15) minutes before the office or facility opens for business, unless you specifically request it.

Your driver can't pick you up from an appointment more than fifteen (15) minutes after the office or facility closes for business, unless the appointment is not reasonably expected to end within 15 minutes after closing, or as requested by the member, the member's guardian, parent or representative.

Types of rides.

Rides are scheduled to best meet your needs. This could be a bus ticket, taxicab, wheelchair van, stretcher van, gas money to drive yourself, or another type of ride.

Rides may be shared. Shared rides may take longer than driving alone.

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2023 AllCare CCO Member Handbook

Travel Reimbursement Program.

If you or someone you know can drive you to your medical appointment, ReadyRide will pay the driver back for mileage if you qualify.

To get paid for your mileage, you must notify ReadyRide before your appointment with the address, the date, and time of your appointment. To do so, please call (800) 479-7920. If you need to call us after hours, please leave your name, call back telephone number, the member's name going to the appointment, the time and date of the appointment and the provider's name and address. We will send you a form to request to be paid back for mileage.

Please contact us at (800) 479-7920 to ask if you may qualify for any of the following:

Private Car Mileage: \$.44 per mile

If an individual or entity other than the Member or the minor Member's parent or guardian provides the ride, a CCO's brokerage or other transportation subcontractor may reimburse the individual or entity that provided the ride.

If you travel out of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes) as outlined in OAR 410-141-3515 and (b) For a minimum of four hours round-trip.

Client Meals: \$27.00 per day if the following conditions apply:

- **Breakfast:** \$6.50 - Travel begins before 6:00 AM.
- **Lunch:** \$7.50 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- **Dinner:** \$13.00 - Travel ends after 6:30 PM.

Client Lodging: \$98.00 per night if:

- A Member would otherwise be required to begin travel before 5 a.m. in order to reach a scheduled appointment;
- Travel from a scheduled appointment would end after 9 p.m.; or
- The Member's health care provider documents a medical need.

AllCare CCO may reimburse Members for lodging under additional circumstances at the CCO's discretion.

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TTY: 711 Language Access: (888) 260-4297

Attendant Meals: \$27.00 per day

(Breakfast \$6.50, Lunch \$7.50, Dinner \$13.00)

Meals or Lodging for One Attendant.

A CCO must reimburse for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:

- The Member is a minor child and unable to travel without an attendant;
- The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member;
- The Member is mentally or physically unable to reach their medical appointment without assistance; or
- The Member is or would be unable to return home without assistance after the treatment or service.

CCO may reimburse Members for meals or lodging for additional attendants or under additional circumstances at the CCO's discretion.

Attendant Lodging: \$98.00 per night (if staying in separate room)

You must return your validated reimbursement form along with your hotel paperwork that you will receive from them upon checkout.

CCO may hold reimbursements under the amount of \$10 until the Member's reimbursement reaches \$10.

Overpayments.

CCO may recover overpayments made to a Member. Overpayments occur when a CCO's brokerage or other transportation subcontractor paid:

- For mileage, meals, and lodging, and another resource also paid the Member.
- The ride, meal, or lodging provider directly.
- For travel to medical appointments, and the Member did not use the money for that purpose, did not attend the appointment, or shared the ride with another Member whom the brokerage also paid directly.

Need help?

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

- For common carrier or public transportation tickets or passes, and the Member sold or otherwise transferred the tickets or passes to another person.

You have forty-five (45) days from your appointment date to turn in your form to be paid back. After forty-five (45) days, you will not be paid.

Where to wait for your ride.

For safety, we will only pick you up and drop you off at the address you give us when you call to arrange your ride.

How your driver may help you.

We will help you with your travel needs. If you ask, drivers can come to the door of your home to let you know they are ready for you. Drivers can also:

- Pick you up at the curb of your pickup location.
- Meet you at the door or front desk of your pickup location.
- Go with you to the door or front desk of your drop off location.
- Meet you and a member of your care team at your pickup location and bring you all the way inside your drop-off location, if needed.
- Come to the main entrance of the clinic when they pick you up.
- Help you through the door into the main lobby of clinics.
- Help you to the door of your home.

Drivers may not help you into medical rooms or other areas of the building. If you need more help, you will need to bring your own helper.

Drivers cannot go into your room. Exceptions are when they pick you up from the hospital or with a stretcher car.

Drivers cannot help you get ready to go (feeding, dressing, etc.).

Drivers cannot help you into a wheelchair or help you from a wheelchair to a vehicle.

Need help?

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TTY: 711 Language Access: (888) 260-4297

Drivers cannot accept tips.

Not all drivers are able to help you up and down steps or into buildings if you use a walker or cane. If you use a walker or cane, please let us know so that we can find the right driver for you.

Personal helpers.

Not all rides allow for a helper to ride along. AllCare CCO will determine if you meet the requirements to have a helper. If approved, you must arrange for your own helper if you cannot travel alone. We will pay for the ride of one medically necessary helper. We do not pay for your helper's time.

Children.

Children twelve (12) years of age and under must have an adult with them at all times. The adult may be:

- The parent or legal guardian.
- An adult relative.
- An adult with written permission from a parent or legal guardian.
- A Department of Human Services (DHS) employee or volunteer.

Safety seats are required for a person who weighs less than 40 pounds and who is four feet nine inches or shorter. The adult with the child must bring and install the safety seat. Drivers cannot help install or remove safety seats. Safety seats cannot be left with your driver during the child's appointment. You might not have the same driver on the return ride. A driver may not give a child Member a ride if a parent or guardian does not provide a safety seat that complies with state law.

Wheelchairs and other equipment.

If you use a wheelchair, we are not able to help you up or down steps. You must have a wheelchair ramp in place. You may ask your driver to help you up and down curbs. If your wheelchair is very large, please let us know so we can send the right vehicle. A very large wheelchair means it is more than thirty (30) inches wide, forty-eight (48) inches long, or more than six-hundred (600) pounds with the person in it.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

If you use a scooter, you might be asked to ride in the vehicle's seat for your own safety.

If you use a walker, a cane, or crutches we will need to put them in a safe place when you get in the vehicle. Your driver will help you with these items.

Oxygen tanks must be tied down during the ride.

Service animals.

Service animals are animals trained to help people with disabilities. They are allowed to ride with you. Please tell us before the ride if you need to bring a service animal on the ride.

Safety belts.

Riders must follow safety belt laws. Please tell us if you need a seatbelt extension. If you have a safety belt exemption card, bring it and show it to your driver. Riders using wheelchairs must use the lap and shoulder belt.

Client privacy.

Your privacy is important to us. We will keep your information private as required by law.

Contact ReadyRide.

We welcome your feedback. Comments and concerns can be directed to us at (800) 479-7920. The Riders Guide is available on the AllCare Health website at: AllCareHealth.com/CCO/Services/Rides-To-Doctor-Appointments.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297


Getting care by video or phone.

Telehealth (also known as telemedicine and teledentistry) is a way for you to get care without going into the clinic or office. Telehealth means you can have your appointment through a phone call or video call. AllCare CCO will cover telehealth visits. Telehealth lets you visit your provider using a:

- Phone (audio).
- Smart phone (audio/video).
- Tablet (audio/video).
- Computer (audio/video).

These are all free. If you do not have internet or video access, talk to your provider about what will work for you.

How to find telehealth providers.

Not all providers have telehealth options. You should ask about telehealth when you call to make your appointment. To see which providers offer telehealth services, please look for the  (phone) icon in our provider directory.

If you have any audio or video problems with your telehealth visit, please be sure to work with your provider.

When to use telehealth.

AllCare CCO members using telehealth have the right to get the physical, dental, and behavioral health services they need.

Some examples of when you can use telehealth are:

- When your provider wants to visit with you before refilling a prescription.
- Counseling services.
- Following up from an in-person visit.
- When you have routine medical questions.
- If you are quarantined or practicing social distancing due to illness.
- If you are not sure if you need to go into the clinic or office.

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Telehealth is not recommended for emergencies. If you feel like your life is in danger, please call 911 or go to the nearest emergency room. See **page 122** for a list of hospitals with emergency rooms.

If you do not know what telehealth services or options your provider has, call them and ask.

Telehealth visits are private.

Telehealth services offered by your provider are secure. Each provider will have their own system for telehealth visits, but each system must follow the law.

Learn more about privacy and the Health Insurance Portability and Accountability Act (HIPAA) on **page 12**.

Make sure you take your call in a private room or where no one else can listen in on your appointment with your provider.

You have a right to:

- Get telehealth services in the language you need.
- Have a provider that respects your culture and language needs.
- Get qualified and certified interpretation services. Learn more on **page 7**.
- Get in-person visits, not just telehealth visits.
- Get support and have the tools needed for telehealth.

What devices do I need for telehealth?

You will need to talk with your doctor to know the exact system requirements. Most Doctors will be able to securely and safely connect to any:

- Electronic tablet
- Smartphone
- Laptop
- Web browser

If you need help talking to your provider or need to find resources for equipment, please call Customer Care at the phone numbers listed at the bottom of this page.

Need help?

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TTY: 711 Language Access: (888) 260-4297

What do I need to do?

When completing a virtual visit, they may ask you to install software on your device. This insures security so that:

- It protects your information.
- That only you and your provider are in the virtual visit.
- The quality of the sound and video are sufficient.

Examples of these software could be:

- Zoom
- A Patient Portal
- Teladoc
- Mend
- MyChart

Is it my choice?

You have a choice when it comes to your health care. You don't have to only see your doctor for a telehealth visit. Providers are not allowed to limit you to only Telehealth visits, unless there is a declared state of emergency for the federal and/or state level.

If you don't speak English well, or you are deaf or hard of hearing, the doctor must make it so you can understand what is being said. If the doctor is not providing a telehealth service that you can easily understand, please call Care Coordination at the phone numbers listed at the bottom of this page.

I need help?

AllCare CCO Care Coordination can help you set up your device for a telehealth call. Call Care Coordination at the phone numbers listed at the bottom this page for help. They will also be able to direct you to community resources that can help you.

Talk to your provider about telehealth. You can also call Customer Care at the phone numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Prescription medications.

If you need a prescription filled, you can go to any pharmacy in AllCare CCO's network. A list of pharmacies we work with can be found in our provider directory at: [AllCareHealth.com/CCO/Lookup-Tools/Find-A-Facility-Or-Pharmacy](https://www.allcarehealth.com/CCO/Lookup-Tools/Find-A-Facility-Or-Pharmacy).

Take both your AllCare CCO ID card and Oregon Health ID card to the pharmacy. You may not be able to fill a prescription without them.

What prescriptions are covered.

The list of prescriptions medications covered by AllCare CCO is at: <https://www.allcarehealth.com/medicaid/formulary>. If you are not sure if your medication is on our list, call us to check for you.

If you need a preapproval for a prescription, we will make a decision within 24 hours. If we need more information to make a decision, it can take 72 hours.

Some medications your provider has prescribed may not be on our list. You can ask us to cover it as an exception. This is known as a Prior Authorization. If you want an exception, tell your provider. Our AllCare CCO doctors and pharmacists will review the exception for approval.

When a request is denied, you will get letter from AllCare CCO. The letter will have appeal rights, reasoning for the denial, and an appeal rights and appeal request form you can use if you disagree with our decision.

Call Customer Care at the phone numbers listed at the bottom of this page if you have questions.

Over-the-Counter (OTC) medications.

Some over the counter (OTC) medications are covered by AllCare CCO. OTC medications are those you can buy at any store or pharmacy without a prescription, such as aspirin. For AllCare CCO to pay for these you will need a prescription from your provider. Bring the prescription, along with your AllCare CCO ID card and Oregon Health ID card to the pharmacy when picking up an OTC prescription.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

In Network and Mail-order pharmacies.

Some medications can be mailed to your home address. This is called mail-order pharmacy. If you have a hard time going to the pharmacy to pick up your prescriptions, this may be a good option for you. AllCare CCO uses Postal Prescriptions as one of our mail order pharmacy partners. You can call them toll free at (800) 552-6694. Please have your AllCare CCO card available when you call.

AllCare CCO partners with pharmacies all over Oregon. These are our “in-network” pharmacies. In-network pharmacies are retail and mail-order pharmacies that have agreed to fill covered prescriptions for our plan members. You can use the Provider & Pharmacy Directory to find the network pharmacy you want to use. An updated Pharmacy Directory is located on our website at AllCareHealth.com/CCO/Lookup-Tools/Find-A-Facility-Or-Pharmacy. For updated provider information, or to get the Provider & Pharmacy Directory in another format (such as other languages, large print, or braille) at no cost, call Customer Care at the phone numbers listed at the bottom of this page.

OHP pays for behavioral health medications.

Most medications used to treat behavioral health conditions are paid for by OHP, not AllCare CCO. The pharmacy sends your prescription bill directly to OHP. AllCare CCO and your provider will help you get the behavioral health medications you need. Talk to your provider if you have questions. You can also call Customer Care at the phone numbers listed at the bottom of this page.

Prescription coverage for members with Medicare.

AllCare CCO and OHP do not cover medications that are covered by Medicare Part D.

If you qualify for Medicare Part D but choose not to enroll, you will have to pay for these medications. If you have Part D, show your Medicare ID card and your AllCare CCO ID card at the pharmacy.

If your medication is not covered by Medicare Part D, your pharmacy can bill AllCare CCO to see whether the medication is covered under OHP. AllCare CCO will pay for all other covered services.

Learn more about Medicare benefits on **page 142**.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Services we do not cover.

Not all medical care is covered by OHP or AllCare CCO. When you need care, talk to your primary care provider about options. If you choose to get a service that is not covered, you may have to pay the bill. The provider's office should tell you if a treatment or service is not covered. They will tell you how much it costs.

You only pay if you sign a form before you get the service that says you agree to pay for it. The form must name or describe the service, list the approximate cost, and include a statement that OHP does not cover the service. This form is known as the OHP waiver, and is generated by OHP directly. Learn more about bills on **page 137**.

Always contact AllCare CCO Customer Care first to discuss what is covered. If you get a bill, please call Customer Care right away at the phone numbers listed at the bottom of this page.

What OHP does not cover.

Examples of some non-covered services:

- Some treatments, like over the counter medications, for conditions that you can take care of at home or that get better on their own (colds, mild flu, corns, calluses, etc.)
- Cosmetic surgeries or treatments for appearance only.
- Services to help you get pregnant.
- Treatments that are not generally effective.
- Orthodontics, except to treat cleft palate in children.

Call your PCP when you think you need medical treatment. Your PCP will give you advice on what to do. If you have questions about covered or non-covered services, or why a provider may be charging you a copay, please call Customer Care at the phone numbers listed at the bottom of this page.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

What AllCare CCO does not cover.

The services listed below are covered by OHP Fee-for-Service but are not covered by AllCare CCO. If you are not able to get to these services on your own call AllCare Customer Care at the phone numbers listed at the bottom of this page. For more information on these services and how to get them, see the list below.

Services covered by OHP without care coordination:

Call KEPRO Care Coordination Team at (800) 562-4620 for the following services. This is not a complete list:

- Doctor-assisted suicide under the Oregon Death with Dignity Act.
- Abortion.
- Hospice services for members who live in a skilled nursing facility.
- School-based services that are covered services provided under the Individuals with Disabilities Education Act (IDEA). For children who get medical services at school, such as speech therapy.
- Administrative examinations requested or authorized by another government agency, such as Child Welfare or Aging and People with disabilities (APD). An example examination is an evaluation to decide if you are disabled.
- Services provided to Citizen Alien Waived Emergency Medical (CAWEM) recipients or CAWEM Plus-CHIP Prenatal Coverage for emergency medical services only.
- Coordination and services for behavioral and physical health care for AllCare CCO members who only have Dental Coverage. NEMT services are also limited to dental related appointments.

Services covered by OHP with care coordination:

Call AllCare Health Customer Care or your Care Coordinator at (888) 460-0185. We will arrange and provide a ride to non-covered health services when you access them through a Care Coordinator.

Here are some examples of services not covered by AllCare CCO. AllCare CCO will give care coordination for these services for our members. This is not a complete list:

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

- Out-of-hospital births, including care before and after the baby is born. For example, you deliver at a birthing center or at your home.
- Some behavioral health services. This includes, but is not limited to:
 - Behavioral health medications (7 & 11 drugs).
 - Therapeutic group home care for people under age 21.
 - Long term psychiatric care for people age 18 or older.
 - Personal care in an adult foster home for people age 18 or older.
- Long-term care services and support. This means you get more care and support for your home environment.
- Oregon Family Connects.

If you have questions about covered or non-covered services, please call Customer Care at the phone numbers listed at the bottom of this page.

Hospitals

AllCare CCO covers emergency care at any time of day or night, every day, and hospital care if needed. We do not cover Emergency Care outside of the United States. AllCare CCO does not need to approve you going to the hospital for a life-threatening emergency. In an emergency, go to the hospital nearest to you. Hospitals in AllCare CCO's service area are:

Asante Three Rivers Medical Center *

500 SW Ramsey Ave.
Grants Pass, OR 97526

(541) 472-7000

TTY (hearing impaired): (541) 472-7001

[Asante.org/Locations/Location-Detail/Asante-Three-Rivers-Medical-Center](https://www.asante.org/Locations/Location-Detail/Asante-Three-Rivers-Medical-Center)

Asante Rogue Regional Medical Center *

2825 East Barnett Road
Medford, OR 97504

(541) 789-7000

TTY (hearing impaired): (541) 789-4240

TTY toll free: (800) 944-7073, ext. 4240
[Asante.org/Locations/Location-Detail/Asante-Rogue-Regional-Medical-Center](https://www.asante.org/Locations/Location-Detail/Asante-Rogue-Regional-Medical-Center)

Need help?

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TTY: 711 Language Access: (888) 260-4297

Providence Medford Medical Center * 1111 Crater Lake Highway Medford, OR 97504 (541) 732-5000 Toll free: (877) 541-0588 TTY (hearing impaired): (541) 732-6413 TTY toll free: (888) 326-2686 https://www.providence.org/locations/or/medford-medical-center	Sutter Coast Hospital * 800 E. Washington Blvd. Crescent City, CA 95531 (707) 464-8664 TTY 711 SutterHealth.org/Coast
Asante Ashland Community Hospital * 280 Maple Street Ashland, OR 97520 (541) 201-4000 TTY (hearing impaired): (541) 201-4102 Asante.org/Locations/Location-Detail/Asante-Ashland-Community-Hospital	Curry General Hospital * 94220 Fourth Street Gold Beach, OR 97444 (541) 247-3000 Toll free: (800) 445-8085 TTY 711 CurryHealthNetwork.com/getpage.php?name=Curry_General_Hospital

* Spanish-speaking staff and interpreter services available.

After you leave the hospital.

You may get any care you need to make sure your condition stays stable. If your doctor says you need nursing care after you leave the hospital, care at a “skilled nursing facility”, such as a nursing home, is covered for up to 20 days.

If you have Medicare benefits, skilled care for more than 20 days may be covered by Medicaid or Medicare. Please call Customer Care if you need help arranging more skilled nursing care.

Need help?

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TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Urgent care.

An urgent problem is serious enough to be treated right away, but it's not serious enough for immediate treatment in the emergency room. These urgent problems could be physical, behavioral or dental.

You can get urgent care services 24 hours a day, 7 days a week without preapproval.

You do not need a referral for urgent or emergency care. For a list of urgent care centers and walk-in clinics see below.

Urgent physical care.

Some examples of urgent physical care are:

- Cuts that don't involve much blood but might need stitches.
- Minor broken bones and fractures in fingers and toes.
- Sprains and strains.

If you have an urgent problem, call your primary care provider (PCP).

You can call anytime, day or night, on weekends and holidays. Tell the PCP office you are an AllCare CCO member. You will get advice or a referral. If you can't reach your PCP about an urgent problem or if your PCP can't see you soon enough, go to an urgent care center or walk-in clinic. You don't need an appointment. See below list of urgent care and walk-in clinics. You may also contact the Nurse Help Line 24 hours a day at (844) 747-5656 at no cost to you.

If you need help, call Customer Care at the phone numbers listed at the bottom of this page.

If you don't know if your problem is urgent, still call your provider's office, even if it's closed.

You may get an answering service. Leave a message and say you are an AllCare CCO member. You may get advice or a referral of somewhere else to call. You will get a call back from your provider's office within 30-60 minutes after you called, to talk about next steps.

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TTY: 711 Language Access: (888) 260-4297

If you are calling after-hours you will automatically be connected to our after-hours call-in system at the same phone numbers listed at the bottom of the previous page. For non-urgent advice and appointments, please call during business hours.

Urgent care centers and walk-in clinics in the AllCare CCO area.

Call your primary care provider's (PCP) office first. Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your PCP's office about an urgent problem or they can't see you soon enough, you can go to an urgent care provider without an appointment at the locations below:

Asante Urgent Care – Grants Pass 537 Union Avenue (541) 507-2170 TTY 711 Monday – Sunday: 8:00 a.m. to 8:00 p.m.	Valley Immediate Care – Ashland 1401 Siskiyou Boulevard, Suite 1 (541) 488-6848 TTY 711 Monday – Friday: 9:00 a.m. to 6:00 p.m. Saturday – Sunday: 9:00 a.m. to 6:00 p.m.
Valley Immediate Care – North Medford 1600 Delta Water Road, Suite 107 (541) 858-2515 TTY 711 Monday – Friday: 7:00 a.m. to 7:00 p.m. Saturday – Sunday: 9:00 a.m. to 6:00 pm	Valley Immediate Care – South Medford 235 East Barnett Road, Suite 106 (541) 773-4029 TTY 711 Monday – Friday: 8:00 a.m. to 8:00 p.m. Saturday – Sunday: 9:00 a.m. to 6:00 p.m.
Valley Immediate Care – Central Point 1217 Plaza Boulevard, Suite A/B (541) 734-9030 TTY 711 Monday – Friday: 9:00 a.m. to 6:00 p.m. Saturday – Sunday: 9:00 a.m. to 6:00 p.m.	Valley Immediate Care – Grants Pass 162 NE Beacon Drive, #103 (541) 479-1090 TTY 711 Monday – Friday: 7:00 a.m. to 7:00 p.m. Saturday – Sunday: 9:00 a.m. to 6:00 p.m.
Siskiyou Community Health Center - Grants Pass 1035 NE 6th Street, Suite B (541) 479-6393 TTY 711 Monday – Friday: 8:00 a.m. to 5:00 p.m. Saturday: 9:00 a.m. to 1:00 p.m.	Siskiyou Community Health Center - Cave Junction 25647 Redwood Highway (541) 592-4111 TTY 711 Monday – Friday: 8:00 a.m. to 5:00 p.m. Closed Saturday and Sunday
Curry Medical Center – Brookings 500 5th Street (541) 412-2000 TTY 711 Monday – Saturday: 8:00 a.m. to 8:00 p.m. Closed Sunday	

2023 AllCare CCO Member Handbook

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

Urgent dental care.

Urgent dental care is when you need dental care soon, but not immediate treatment. Some examples of urgent dental care include:

- A toothache.
- A chipped or broken tooth.
- A lost crown or filling.

If you have an urgent dental problem call your primary care dentist (PCD).

For urgent dental care call your Primary Care Dentist (PCD). If you cannot reach your PCD or you do not have one, call your dental plan. They will help you find urgent dental care, depending on your condition. This care is available 24 hours a day and 7 days a week. Your primary care dentist will see and/or treat the issue you have within one (1) week or as needed after the exam. For pregnant women, your dentist will see you within one (1) week or as needed after the exam.

Emergency care.

Call 911 if you need an ambulance or go to the emergency room when you think you are in danger. An emergency needs immediate attention and puts your life in danger. It can be a sudden injury or a sudden illness. Emergencies can also cause harm to your body. If you are pregnant, the emergency can also cause harm to your baby.

You can get urgent and emergency services 24 hours a day, 7 days a week without preapproval. You don't need a referral.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Physical emergencies.

Emergency physical care is for when you need immediate care, and your life is in danger. Some examples of medical emergencies include:

- Broken bones.
- Bleeding that does not stop.
- Possible heart attack.
- Loss of consciousness.
- Seizure.
- Severe pain.
- Difficulty breathing.
- Allergic reactions.

More information about emergency care:

- Call your PCP or AllCare CCO within 3 days of receiving emergency care.
- You have a right to use any hospital or other setting, within the United States.
- An emergency is covered in the United States. It is not covered in Mexico or Canada.
- Emergency care provides post stabilization (after care) services. After care services are covered services related to an emergency condition. These services are given to you after you are stabilized. They help to maintain your stabilized condition. They help to improve or fix your condition.

See a list of hospitals with emergency rooms on **page 122**.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Dental emergencies.

A dental emergency is when you need same-day dental care. This care is available 24 hours a day and 7 days a week. A dental emergency may require immediate treatment. Some examples are:

- A tooth has been knocked out.
- You have severe swelling or infection in the mouth.
- You have severe tooth pain. This means pain that keeps you from sleeping, or does not stop when you take over-the-counter medicine such as aspirin or Tylenol.

For a dental emergency, please call your Primary Care Dentist (PCD). If you cannot reach your PCD or you do not have one, call your dental plan. They will help you find emergency dental care. This care is available 24 hours a day and 7 days a week. Your primary care dentist will see and/or treat the emergency within twenty-four (24) hours. For pregnant women, your dentist will see you within 24 hours.

If none of these options work for you, call 911 or visit the Emergency Room. **If you need an ambulance ride, please call 911.** See a list of hospitals with emergency rooms on **page 122**.

Nurse Help Line – (844) 747-5656.

If you have a non-emergency question about your health or the medicines you are taking, you may call this phone number any time of day or night, every day. Specially-trained nurses will ask you how you are feeling and give you advice.

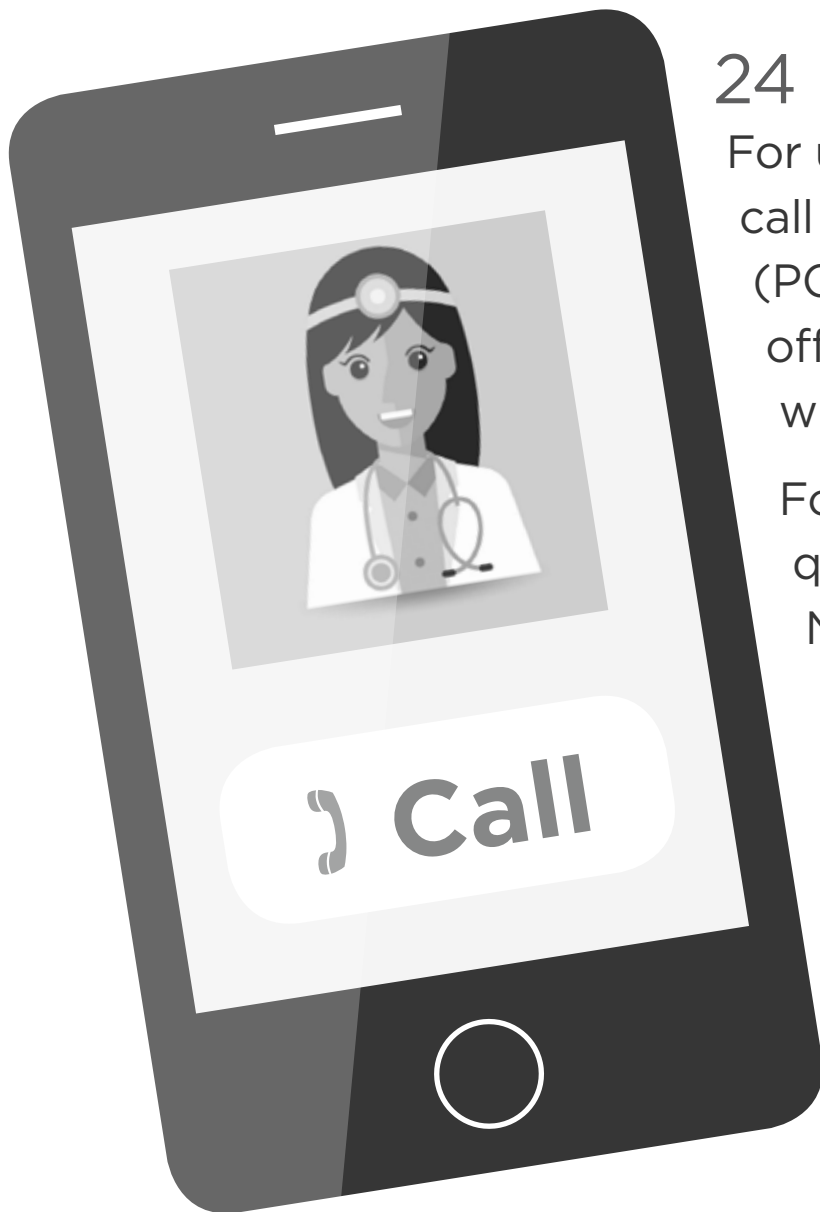
All calls are private. The toll-free phone number is (844) 747-5656 or TTY at 711.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

We're Just a Phone Call Away.

Nurse Help Line (844) 747-5656



24 hours, every day.

For urgent health questions, call your Primary Care Provider (PCP) first. If you call after office hours, an on-call doctor will help you.

For non-emergency health questions, you can call our Nurse Help Line at:

(844) 747-5656.

Nurses are standing by 24/7, even holidays.



Calls are private and FREE.

2023 AllCare CCO Member Handbook

Behavioral health crisis and emergencies.

A **behavioral health emergency** is when you need help right away to feel or be safe. It is when you or other people are in danger. An example is feeling out of control. You might feel like your safety is at risk or have thoughts of hurting yourself or others.

Call 911 or go to the emergency room if you are in danger.

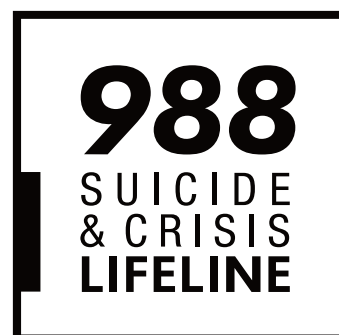
- Behavioral health emergency services do not need a referral or preapproval. AllCare CCO offers members crisis help and services after an emergency.
- A behavioral health provider can support you in getting services for improving and stabilizing behavioral health. We will try to help and support you after a crisis.

24-hour behavioral health crisis phone numbers are listed at the bottom of this page.

You can call, text or chat 988. 988 is a Suicide and Crisis lifeline that you can get caring and compassionate support from trained crisis counselors 24 hours a day, 7 days a week.

A **behavioral health crisis** is when you need help quickly. If not treated, the condition can become an emergency.

Please call one of the 24-hour local crisis lines below or call 988 if you are experiencing any of the following or are unsure if it is a crisis. We want to help and support you in preventing an emergency.



If

Behavioral Health Crisis Hot Lines

Jackson (541) 774-8201

Josephine (541) 474-5360

Douglas (800) 866-9780

Curry (877) 519-9322

Suicide & Crisis Lifeline - Call or text* 988, 24/7

Calls in English or Spanish. Text and chat are currently only available in English.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Examples of things to look for if you or a family member is having a behavioral health emergency or crisis:

- Considering suicide.
- Hearing voices that are telling you to hurt yourself or another person.
- Hurting other people, animals or property.
- Dangerous or very disruptive behaviors at school, work, or with friends or family.

Here are some things AllCare CCO can do to support stabilization in the community:

- A crisis hotline to call when a member needs help.
- Mobile crisis team that will come to a member who needs help.
- Walk-in and drop-off crisis centers (see below)
- Crisis respite (short-term care)
- Short-term places to stay to get stable
- Post stabilization services and urgent care services. This care is available 24 hours a day and 7 days a week. Post Stabilization care services are covered services, related to a medical or behavioral health emergency, that are provided after the emergency is stabilized and to maintain stabilization or resolve the condition.
- Crisis response services for members receiving intensive in-home behavioral health treatment 24 hours a day.

See more about behavioral health services offered on page 55.

Behavioral Health Crisis Hot Lines

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Josephine (541) 474-5360

Douglas (800) 866-9780

Curry (877) 519-9322

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Calls in English or Spanish. Text and chat are currently only available in English.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

Suicide prevention.

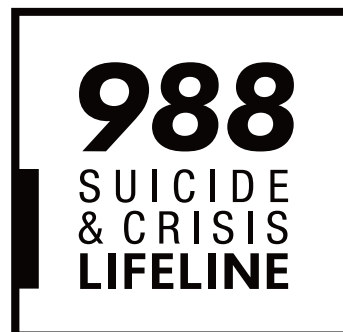
If you have a mental illness and do not treat it, you may risk suicide. With the right treatment, your life can get better.

Common suicide warning signs

Get help if you notice any signs that you or someone you know is thinking about suicide. At least 80% of people thinking about suicide want help. You need to take warning signs seriously.

Here are some suicide warning signs:

- Talking about wanting to die or kill oneself.
- Planning a way to kill oneself, such as buying a gun.
- Feeling hopeless or having no reason to live.
- Feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Giving away prized possessions.
- Thinking and talking a lot about death.
- Using more alcohol or drugs.
- Acting anxious or agitated.
- Behaving recklessly.
- Withdrawing or feeling isolated.
- Having extreme mood swings.



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Need help?

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TTY: 711 Language Access: (888) 260-4297

Never keep thoughts or talk of suicide a secret!

Get the help you need!

You can get help with a behavioral health crisis or emergency twenty-four (24)-hours, seven (7)-days-a-week. A behavioral health emergency is feeling out of control or thinking about hurting yourself or others. You do not need a referral from your provider. You do not need a prior approval from AllCare CCO. You should call one of the crisis lines below. They will help you decide which crisis services might help you.

There are many services you can get before, during and after a behavioral health crisis. Crisis response services are available twenty-four (24)-hour, seven (7)-day-a-week to all members. This includes members already in behavioral health services and those receiving Intensive In-Home Behavioral Health Treatment. Post-stabilization services and urgent care services are also available for members on a twenty-four (24)-hour, seven (7)-day-a-week basis.

You can also get help by dialing 988.

Reach out!

Call the Crisis Line and talk to them about the changes in your behavioral health before they get worse. The Crisis Worker will talk to you about making a safety plan and what behavioral health services are available to help you feel better.

If you are in an immediate crisis, the Crisis Worker might come to talk to you in-person. This is called Mobile Crisis and it is available to you twenty-four (24)-hours, seven (7)-days-a-week. Mobile Crisis can help you avoid having the police involved

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2023 AllCare CCO Member Handbook

or having to go to the hospital. If you are still not safe, the Crisis Worker might also recommend you go to the Emergency Room for a crisis assessment. The Crisis Worker would see you at the hospital and help you with a plan for next steps.

Get Help!

The Crisis Worker will help you get started or back into behavioral health services. You can also talk to the crisis worker about going into a Crisis Resolution Center (CRC). A CRC is a safe and calm place where you can stay for a few days until your behavioral health crisis is better. You can talk and work with professionals at the CRC twenty-four (24)-hours, seven (7)-days-a-week. They can help you figure out what care you need and the best way to get it after your CRC stay.

A CRC can be a place to help you feel more stable instead of going to the hospital. It can also be a place to get more help after you leave the hospital for a behavioral health crisis. This is known as a post-stabilization service.

Follow up!

The Crisis Worker, AllCare CCO and the Behavioral health Program all want to help you get the care you need for as long as you need it. Let us know if you can't get to appointments or you have other barriers. There is care coordination and case management help available to you. These can get you help with transportation, child care, or other things that make it hard for you to get behavioral health care.

Behavioral Health Crisis Hot Lines

Jackson (541) 774-8201

Josephine (541) 474-5360

Douglas (800) 866-9780

Curry (877) 519-9322

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Need help?

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Follow-up care after an emergency.

After an emergency, you may need follow-up care. This includes anything you need after leaving the emergency room. Follow-up care is not an emergency. OHP does not cover follow-up care when you are out of state. OHP may not cover follow-up care without a prior authorization. Call your primary care provider or dentist office to set up any follow-up care.

- You must get follow-up care from your regular provider or regular dentist. You can ask the emergency doctor to call your provider to arrange follow-up care.
- Call your provider or dentist as soon as possible after you get urgent or emergency care. Tell your provider or dentist where you were treated and why.
- Your provider or dentist will manage your follow-up care and schedule an appointment if you need one.

Care away from home.

Planned care out of state.

AllCare CCO will help you locate an out of state provider and pay for a covered service when:

- You need a service that is not available in Oregon.
- Or if the service is cost effective.

Emergency care away from home.

You may need emergency care when away from home or outside of the AllCare CCO service area. **Call 911 or go to any emergency room.** You do not need preapproval for emergency services. Emergency medical services are covered throughout the United States, this includes behavioral health and emergency dental conditions. We do not cover services outside the United States, including Canada and Mexico.

Do not pay for emergency care. If you pay the emergency room bill, AllCare CCO is not allowed to pay you back. See **page 137** for what to do if you get billed.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Please follow steps below if you need emergency care away from home:

3. Make sure you have your Oregon Health ID Card and AllCare CCO ID card with you when you travel out of state.
4. Show them your AllCare CCO ID Card and ask them to bill AllCare CCO.
5. Do not sign any paperwork until you know the provider will bill AllCare CCO.
6. You can ask that the Emergency Room or provider's billing office to contact AllCare CCO if they want to verify your insurance or have any questions.
7. Please call your PCP if you need nonemergency care away from home.

In times of emergency the steps above are not always possible. Being prepared and knowing what steps to take for emergency care out of state may fix billing issues while you are away. These steps may help prevent you being billed for services that AllCare CCO can cover. AllCare CCO cannot pay for a service if the provider has not sent us a bill.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Bills for services.

OHP members do not pay bills for covered services.

When you set up your first visit with a provider, tell the office that you are with AllCare CCO. Let them know if you have other insurance, too. This will help the provider know who to bill. Take your ID card with you to all medical visits.

No AllCare CCO in-network provider (for a list of in-network providers go to our website at AllCareHealth.com/CCO/Lookup-Tools/Find-A-Doctor) or someone working for them can bill a member, send a member's bill to a collection agency, or maintain a civil action against a member to collect any money owed by AllCare CCO for services you are not responsible for to the contracted provider.

Members cannot be billed for missed appointments or errors.

- Missed appointments are not an OHP (Medicaid) service and are not billable to the member or OHP.
- If your provider does not send the right paperwork or does not get an approval, you cannot get a bill for that. This is called provider error.

Members cannot get balance or surprise billing.

When a provider bills for the amount remaining on the bill that's called balance billing. It is also called surprise billing. The amount is the difference between the actual billed amount and the amount AllCare CCO pays. This happens most often when you see an out-of-network provider. Members are not responsible for these costs.

If you have questions, call Customer Care at the phone numbers listed at the bottom of this page. For more information about surprise billing go to Dfr.oregon.gov/Documents/Surprise-billing-consumers.pdf.

If your provider sends you a bill, do not pay it.

Call Customer Care at the phone numbers listed at the bottom of this page.

You can also call your provider's billing office and make sure they know you have OHP.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

There may be services you have to pay for.

Usually, with AllCare CCO, you will not have to pay any medical bills. Sometimes though, you do have to pay.

You have to pay the provider if:

- You get routine care outside of Oregon. You get services outside Oregon that are not for urgent or emergency care.
- You don't tell the provider you have OHP. You did not tell the provider that you have AllCare CCO, another insurance or gave a name that did not match the one on the AllCare CCO ID at the time of or after the service was provided, so the provider could not bill AllCare CCO. Providers must verify your AllCare CCO eligibility at the time of service and before billing or doing collections. They must try to get coverage info prior to billing you.
- You continue to get a denied service. You or your representative requested continuation of benefits during an appeal and contested case hearing process, and the final decision was not in your favor. You will have to pay for any charges incurred for the denied services on or after the effective date on the notice of action or notice of appeal resolution.
- You get money for services from an accident. If a third-party payer, like car insurance, sent checks to you for services you got from your provider and you did not use these checks to pay the provider.
- We don't work with that provider. When you choose to see a provider that is not in-network with AllCare CCO you may have to pay for your services. Before you see a provider that is not in-network with AllCare CCO please call Customer Care at the phone numbers listed at the bottom of this page or work with your PCP. Prior approval may be needed or there may be a provider in-network that can fit your needs. For a list of in-network Providers see **page 80**.
- You choose to get services that are not covered. You have to pay when you choose to have services that the provider tells you are not covered by AllCare CCO. In this case:
 - The service is something that your plan does not cover.
 - Before you get the service, you sign a valid Agreement to Pay form. Learn more about the form below.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
 TTY: 711 Language Access: (888) 260-4297

You may be asked to sign an Agreement to Pay form.

An agreement to pay form is used when you want a service that is not covered by AllCare CCO or OHP. The form is also called a waiver. The form must be the OHP waiver and cannot be an office generated waiver. You can see a copy of the form at bit.ly/OHPwaiver.

The following must be true for the Agreement to Pay form to be valid:

- The form must have the estimated cost of the service. This must be the same as on the bill.
- The service is scheduled within 30 days from the date you signed the form.
- The form says that OHP does not cover the service.
- The form says you agree to pay the bill yourself.
- You asked to privately pay for a covered service. If you choose to do this, the provider may bill you if they tell you in advance the following:
 - The service is a covered and AllCare CCO would pay them in full for the covered service.
 - The estimated cost, including all related charges, the amount AllCare CCO would pay for the service. The provider cannot bill you for an amount more than AllCare CCO would pay; and,
 - You knowingly and voluntarily agree to pay for the covered service.
- The provider documents in writing, signed by you or your representative, that they gave you the information above, and:
 - They gave you a chance to ask questions, get more information, and consult with your caseworker or representative.
 - You agree to privately pay. You or your representative sign the agreement that has all the private pay information.
 - The provider must give you a copy of the signed agreement. The provider cannot submit a claim to AllCare CCO for the covered service listed on the agreement.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

Bills for emergency care away from home or out of state.

Because some out of network emergency providers are not familiar with Oregon's OHP (Medicaid) rules, they may bill you. Contact AllCare CCO Customer Care if you get a bill. We may have resources to help if you have been wrongfully billed.

Call us right away if you get any bills from out of state providers. Some providers send unpaid bills to collection agencies and may even sue in court to get paid. It is harder to fix the problem once that happens. As soon as you receive a bill:

- Do not ignore medical bills.
- Contact Customer Care as soon as possible at the phone numbers listed at the bottom of this page between 8:00 a.m. and 8:00 p.m.
- If you get court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at (800) 520-5292 for free legal advice. There are consumer laws that can help you when you are wrongfully billed while on OHP.
- If you got a bill because your claim was denied by AllCare CCO, contact Customer Care. Learn more about denials, your rights, and what to do if you disagree with us on **page 155**.

Important tips about paying for services and bills.

- We strongly urge you to call Customer Care before you agree to pay a provider.
- If your provider asks you to pay a copay, do not pay it! Ask the office staff to call AllCare CCO.
- AllCare CCO pays for all covered services in accordance with the Prioritized List of Health Services, see **page 45**.
- For a brief list of benefits and services that are covered under your OHP benefits with AllCare CCO, and who covers case management and care coordination, see **page 47**. If you have any questions about what is covered, you can ask your PCP or call AllCare CCO Customer Care.
- No AllCare CCO in-network provider or someone working for them can bill a member, send a member's bill to a collection agency, or maintain a civil action against a member to collect any money owed by AllCare CCO for services you are not responsible for.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

- Members are never charged for rides to covered appointments. See **page 100**. Members may ask to get reimbursements for driving to covered visits or get bus passes to use the bus to go to covered visits.
- Protections from being billed usually only apply if the medical provider knew or should have known you had OHP. Also, they only apply to providers who work with OHP (but most providers do).
- Sometimes, your provider does not fill out the paperwork correctly. When this happens, they might not get paid. That does not mean you have to pay. If you already got the service and we refuse to pay your provider, your provider still cannot bill you.
- You may get a notice from us saying that we will not pay for the service. That notice does not mean you have to pay. The provider will write off the charges.
- If AllCare CCO or your provider tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See **page 155**.

Need help?

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2023 AllCare CCO Member Handbook

Members with OHP and Medicare.

Some people have OHP (Medicaid) and Medicare at the same time. OHP covers some things that Medicare does not. If you have both, Medicare is your main health coverage. OHP can pay for things like medications that Medicare doesn't cover.

If you have both, you are not responsible for:

- Co-pays
- Deductibles or
- Co-insurance charges for Medicare services, those charges are covered by OHP.

You may need to pay a co-pay for some prescription costs.

There are times you may have to pay deductibles, co-insurance or co-pays if you choose to see a provider outside of the network. Contact your local Aging and People with Disabilities (APD) or Area Agency on Aging (AAA) office. They will help you learn more about how to use your benefits. Call the Aging and Disability Resource Connection (ADRC) at (855) 673-2372 to get your local APD or AAA office phone number.

Call AllCare Customer Care to learn more about which benefits are paid for by Medicare and OHP (Medicaid), or to get help finding a provider and how to get services.

Providers will bill your Medicare and AllCare CCO.

AllCare CCO works with Medicare and has an agreement that all claims will be sent so we can pay.

- Give the provider your OHP ID number and tell them you're covered by AllCare CCO. If they still say you owe money, call Customer Care at the phone numbers listed at the bottom of this page. We can help you.
- Learn about the few times a provider can send you a bill on **page 138**.

Members with Medicare can change or leave the CCO they use for physical care at any time. However, members with Medicare must use a CCO for dental and behavioral health care.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Extra help for people with Medicaid and Medicare.

If you have both Medicaid and Medicare, you may be able to get more help by adding an Advantage Plan. Advantage plans can give you many extra benefits. AllCare Advantage Redwood Rx (HMO D-SNP) Plan is made for people with both Medicaid and Medicare and offers prescription drug coverage. The AllCare Advantage Redwood Rx D-SNP plan has no monthly premium or any cost sharing for you to pay, including no cost pays for prescription drugs. Those costs are paid for by the Oregon Health Plan (OHP) and Medicare. To find out if you qualify, or for more information, call the numbers listed at the bottom of this page, or go to AllCareHealth.com/Medicare.

Changing CCOs and moving care.

You have the right to change CCOs or leave a CCO if you have an approved reason.

If you do not have a CCO, your OHP is called **Fee-For-Service** or **open card**. This is called “fee-for-service” because the state pays providers a fee for each service they provide. Fee-for-service members get the same types of physical, dental, and behavioral health care benefits as CCO members.

When you can change or leave a CCO.

The CCO you have depends on where you live. Some areas have more than one CCO. In those areas, there are rules about when you can change your CCO. You can choose to change or disenroll (leave) during these times:

- Within 30 days if:
 - You don’t want the plan you were enrolled in, or
 - You asked for a certain plan and the state put you in a different one.
- In the first 90 days after you join the CCO, or
 - If the state sends you a “coverage” letter that says you are part of the CCO after your start date, then you have 90 days after that letter date.
- After you have been with the same CCO for 6 months.
- When you renew your OHP.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
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2023 AllCare CCO Member Handbook

- If you lose OHP for less than 2 months, are re-enrolled into a CCO, and missed your chance to pick the CCO when you would have renewed your OHP.
- When a CCO is suspended from adding new members.
- At least once every 12 months if the options above don't apply.

If any of following happens, you can change or leave at any time:

- The CCO has moral or religious objections about the service you want.
- You have a medical reason. When related services are not available in network and your provider says that getting the services separately would mean unnecessary risk. **Example:** a Caesarean section and a tubal ligation at the same time.
- Other reasons including, but not limited to, poor care, lack of access to covered services, or lack of access to network providers who are experienced in your specific health care needs.
- You move out of the service area.
 - If you move to a place that your CCO does not serve, you can change plans as soon as you tell OHP about the move. Please call OHP at (800) 699-9075 or use your online account at [ONE.Oregon.gov](https://one.oregon.gov).
- If you lose OHP for less than 2 months, are re-enrolled into a CCO, and missed your chance to pick the CCO when you would have renewed your OHP.
- Services are not provided in your preferred language.
- Services are not provided in a culturally appropriate manner; or
- You're at risk of having a lack of continued care.

Some people can ask to change or leave a CCO at any time. These members are:

- Members with Medicare and OHP (Medicaid) can change or leave the CCO they use for physical care at any time. However, members with Medicare must use a CCO for dental and behavioral health care.
- American Indian and Alaska Native with proof of Indian Heritage who want to get care somewhere else. They can get care from an Indian Health Services facility, tribal health clinic/program, or urban clinic and OHP fee-for-service.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
 TTY: 711 Language Access: (888) 260-4297

You can ask about these options by phone or in writing. Please call OHP Client Services at (800) 273-0557 or email Oregon.Benefits@odhsoha.oregon.gov.

How to change or leave your CCO.

Things to consider: AllCare CCO wants to make sure you receive the best possible care. AllCare CCO can give you some services that FFS or open card cannot. When you have a problem getting the right care, please let us try to help you before leaving AllCare CCO.

If you still wish to leave there must be another CCO available in your service area for you to switch your plan.

Tell OHP if you want to change or leave your CCO. You and/or your representative can call OHP Customer Service at (800) 699-9075 or (800) 273-0557, TTY 711 from Monday through Friday, 8 a.m. to 5 p.m. PT. Use your online account at [ONE.Oregon.gov](https://one.oregon.gov) or email Oregon.Benefits@odhsoha.oregon.gov.

You can get care while you change your CCO. See **page 146** to learn more.

AllCare CCO can ask you to leave for some reasons.

AllCare CCO may ask OHA to remove you from our plan if you:

- Are abusive, uncooperative, or disruptive to our staff or providers. Unless when the behavior is due to your special health care need or disability.
- Commit fraud or other illegal acts, such as letting someone else use your health care benefits, changing a prescription, theft, or other criminal acts.
- Are violent or threaten violence. This could be directed at a health care provider, their staff, other patients, or AllCare CCO staff. When the act or threat of violence seriously impairs AllCare CCO ability to furnish services to either you or other members.

We have to ask the state (Oregon Health Authority) to review and approve removing you from our plan. You will get a letter if the CCO ask to disenroll (remove) you has been approved. You can make a complaint if you are not happy with the process or if you disagree with the decision. See **page 155** for how to make a complaint or ask for an appeal.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

AllCare CCO cannot ask to remove you from our plan because of reasons related to (but not limited to):

- Your health status gets worse.
- You don't use services.
- You use many services.
- You are about to use services or be placed in a care facility, like a long-term care facility or Psychiatric Residential Treatment Facility.
- Special needs behavior that may be disruptive or uncooperative.
- Your protected class, medical condition or history means you will probably need many future services or expensive future services.
- Your physical, intellectual, developmental, or mental disability.
- You are in the custody of ODHS Child Welfare.
- You make a complaint, disagree with a decision, ask for an appeal or hearing.
- You make a decision about your care that AllCare CCO disagrees with.

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call Customer Care the phone numbers listed at the bottom of this page, or OHP Client Services at (800) 273-0557.

You will get a letter with your disenrollment rights at least 60 days before you need to renew your OHP.

Care while you change or leave a CCO.

Some members who change plans can still get the same services, prescription drug coverage and see the same providers even if not in-network. That means care will not change when you switch CCOs or move from OHP fee-for-service to a CCO. This is sometimes called "Transition of Care."

If you have serious health issues, your new and old plans must work together to make sure you get the care and services you need.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Who can get the same care while changing plans?

This help is for members who have serious health issues, need hospital care, or inpatient mental health care. Here is a list of some examples of those who can get this help:

- Members who need end-stage renal disease care.
- Medically fragile children.
- Breast and cervical cancer treatment program members.
- Members getting Care Assist help due to HIV/AIDS.
- Members who had a transplant.
- Members who are pregnant or just had a baby.
- Members getting treatment for cancer.
- Any member that if they don't get continued services may suffer serious detriment to their health or be at risk for the need of hospital or institution care.

The time-frame that this care lasts is:

- 90 days for members who have both Medicare and OHP (Medicaid).
- For other members, whatever time-frame is shorter:
 - 30 days for physical and oral health and 60 days for behavioral health, or
 - Until the member's new PCP reviews their care plan.

AllCare CCO will make sure members who need the same care while changing plans get:

- Continued access to care and rides to care.
- Allow services from their provider even if they are not in the AllCare CCO network until one of these happen:
 - The minimum or approved prescribed treatment course is completed, or
 - The reviewing provider decides that the care is no longer medically needed. If the care is by a specialist, the treatment plan will be reviewed by a qualified provider.
- Some types of care will continue until complete with the current provider. These types of care are:
 - Care before and after you are pregnant/deliver a baby (prenatal and postpartum).
 - Transplant services until the first year post-transplant.

2023 AllCare CCO Member Handbook

- Radiation or chemotherapy (cancer treatment) for their course of treatment.
- Medications with a defined least course of treatment that is more than the transition of care time-frames above.

You can get a copy of the AllCare CCO Care Coordination Policy, call Customer Care at the phone numbers listed at the bottom of this page. It is also on our website on at AllCareHealth.com/Media/5908/2022accco-carecoordinationpolicy.pdf.

Please call Customer Care if you have questions.

End of life decisions.

Advance directives.

All adults have the right to make decisions about their care. This includes the right to accept and refuse treatment. An illness or injury may keep you from telling your doctor, family members or representative about the care you want to receive.

Oregon law allows you to state your wishes, beliefs, and goals in advance, before you need that kind of care. The form you use is called an advance directive.

An advance directive allows you to:

- Share your values, beliefs, goals and wishes for health care if you are unable to express them yourself.
- Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree to act in this role.
- Allows you the right to deny or accept medical treatment or surgeries and the right to make decisions about your medical care.

How to get more information about Advance Directives.

We can give you a free booklet on advance directives. It is called the Advanced Directive “Conversation Starter Guide”. We’ll also give you an Advanced Directive form to fill out. To learn more, get a copy of the booklet, and a copy of the Advance Directive form, call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page. To learn more about our Advance Directive Policy, please visit: AllCareHealth.com/medicaid/advancedirectivepolicy.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

To download the Advance Directive “Conversation Starter Guide”, please visit:

[Theconversationproject.org/wp-content/uploads/2020/12/ConversationStarterGuide.pdf](https://theconversationproject.org/wp-content/uploads/2020/12/ConversationStarterGuide.pdf).

You can find and download Advance Directive forms at: **Oregon.gov/oha/ph/about/pages/adac-forms.aspx**.

You also can learn about advance directives by calling Oregon Health Decisions at: **(503) 692-0894** or **(800) 422-4805**, TTY **711**. Hours: Monday through Thursday, 9 a.m. to 3 p.m. PT.

Other helpful information about Advance Directives.

- Completing the advance directive is your choice. If you choose not to fill out and sign the advance directive, your coverage or access to care will stay the same.
- You will not be treated differently by AllCare CCO if you decide not to fill out and sign an advance directive.
- If you complete an advance directive be sure to talk to your providers and your family about it and give them copies.
- AllCare CCO will honor any choices you have listed in your completed and signed Advance Directive.

How to complain if AllCare CCO did not follow advance directive requirements.

You can make a complaint to Health Care Regulation and Quality Improvement if your provider does not do what you ask in your advance directive.

- **Health Licensing Office**
(503) 370-9216, TTY 711
Hours: Monday through Friday, 8 a.m. to 5 p.m. PT
- **Mail a complaint to:**
1430 Tandem Ave NE, Suite 180
Salem, OR 97301
- **Email:** **hlo.info@odhsoha.oregon.gov**

Call Customer Care at the phone numbers listed at the bottom of this page to get a paper copy of the complaint form. You can find complaint forms and learn more at: **Oregon.gov/oha/PH/HLO/Pages/File-Complaint.aspx**.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

How to Cancel an Advance Directive.

To cancel, ask for copies of your advance directive back and tear them up. You can also write CANCELED in large letters, sign, and date them. For questions or more info contact Oregon Health Decisions at (800) 422-4805 or (503) 692-0894, TTY 711.

What is the difference between a POLST and advance directive?

Portable Orders for Life-Sustaining Treatment (POLST).

A POLST is a medical form that you can use to make sure your wishes for treatment near the end of life are followed by medical providers. You are never required to fill out a POLST, but if you have serious illnesses or other reasons why you would not want all types of medical treatment, you can learn more about this form. The POLST is different from an Advance Directive:

	Advance Directive	POLST
What is it?	Legal document.	Medical order.
Who can get it?	For all adults over the age of 18.	Anyone of any age with a serious illness.
Does my provider need to approve/sign?	Does not require provider approval.	Needs to be signed and approved by healthcare provider.
When is it used?	Future care or condition.	Current care and condition.

To learn more, visit: [Oregonpolst.org](https://oregonpolst.org).

Email: polst@ohsu.edu

Call Oregon POLST at: (503) 494-3965.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Declaration for Mental Health Treatment.

Oregon has a form for writing down your wishes for mental healthcare. The form is called the Declaration for Mental Health Treatment. The form is for when you have a mental health crisis, or you can't make decisions about your mental health treatment. You have the choice to complete this form, when not in a crisis, and can understand and make decisions about your care.

What does this form do for me?

The form tells what kind of care you want if you are ever unable to make decisions on your own. Only a court and two doctors can decide if you cannot make decisions about your mental health.

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

A declaration form is only good for 3 years. If you become unable to decide during those 3 years, your form will take effect. It will remain in effect until you can make decisions again. You may cancel your declaration when you can make choices about your care. You must give your form both to your PCP and to the person you name to make decisions for you.

To learn more about the Declaration for Mental Health Treatment, visit the State of Oregon's website at:

https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.pdf.

If your provider does not follow your wishes in your form, you can complain. A form for this is at **[HealthOregon.org/hcrqi](https://healthoregon.org/hcrqi)**. Mark clearly on the envelope ***CONFIDENTIAL*** and mail to:

Health Facility Licensing and Certification Program

800 N.E. Oregon St., Suite 465

Portland, OR 97232

Email: **Mailbox.hclc@odhsoha.oregon.gov**

Phone: (971) 673-0540, TTY: (971) 673-0372, Fax: 971-673-0556

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Reporting Fraud, Waste, or Abuse.

AllCare CCO is committed to preventing Fraud, Waste and Abuse. We comply with all applicable laws, including the Oregon False Claims Act and the federal False Claims Act. Every dollar that is spent on fake, abusive, or wasteful activities is money that can't be spent where it is needed most.

What is Fraud, Waste or Abuse?

Fraud is done on purpose. It is deception or misrepresentation when the person knows that the information being given is not true.

Abuse is payment for items or services that have no allowed reason for payment and the provider did not know when they tried to get the payment.

Waste is over using of services that are not medically needed.

We're a community health plan, and we want to make sure that healthcare dollars are spent helping our members be healthy and well. We need your help to do that. If you think fraud, waste or abuse has happened report it as soon as you can. You can report it anonymously. Whistle-blower laws protect people who report fraud, waste and abuse. You will not lose your coverage if you make a report. It is illegal to harass, threaten, or discriminate against someone who reports fraud, waste or abuse.

Medicaid Fraud is against the law and AllCare CCO takes this seriously.

Some examples of fraud, waste and abuse by a provider are:

- A provider charging you for a service covered by AllCare CCO.
- A provider billing for services that you did not receive.
- A provider giving you a service that you do not need based on your health condition.

Some examples of fraud, waste and abuse by a member are:

- Going to multiple doctors for prescriptions for a drug already prescribed to you.
- Someone using another person's ID to get benefits.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

How to make a report of Fraud, Waste and Abuse.

There are several ways to report Fraud, Waste and Abuse. We have a toll-free hot line and an anonymous website for reporting. If you think errors, fraud, waste, or abuse have happened, report it as soon as you can! Telling us will help stop other members from becoming victims. If you have doubts on information about your Explanation of Benefits or believe there may be errors, fraud, waste or abuse, please contact us.

You can make a report of fraud, waste and abuse a few ways:

Call, fax, submit on-line or write directly to AllCare CCO. **We report all suspected fraud, waste, and abuse committed by providers or members to the state agencies listed below.**

Where to report fraud, waste, or abuse by a provider:

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice
100 SW Market Street
Portland, Oregon 97201
Phone: (971) 673-1880
Fax: (971) 673-1890

Or:

OHA Office of Program Integrity (OPI)

3406 Cherry Avenue, NE
Salem, Oregon 97303-4924
Fax: (503) 378-2577
Hot line: 1-888-FRAUD01 (888-372-8301)
Online: [Oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx](https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx)

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Where to report fraud, waste, or abuse by a member: You may contact the DHS Fraud Investigation Unit if you think someone is using your personal information for OHP benefits.

DHS Fraud Investigation Unit

PO Box 14150

Salem, Oregon 97309

Hot line: 1-888-FRAUD01 (888-372-8301)

Fax: 503-373-1525 Attn: Hotline

Online: Oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

You can also report member and provider fraud cases to:

AllCare CCO Confidential Anonymous Hot line

Toll free: (877) 874-8416

7 days a week and 24 hours a day

or, you may submit the complaint online at: AllCarehealth.EthicsPoint.com

This website can be translated to Spanish by clicking on the Español link at the top right hand corner of the webpage.

The law protects people who report Fraud, Waste, and Abuse. You cannot lose your job or lose your coverage. You cannot be threatened, harassed, or discriminated against for reporting.

AllCare CCO is committed to preventing fraud, waste, and abuse. We will follow all related laws, including the State's False Claims Act and the and the Federal False Claims Act.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185

TTY: 711 Language Access: (888) 260-4297

Complaints, Grievances, Appeals and Fair Hearings.

AllCare CCO makes sure all members have access to a grievance system (complaints, grievances, appeals and hearings). We try to make it easy for members to file a complaint, grievance, or appeal and get info on how to file a hearing with the Oregon Health Authority.

Let us know if you need help with any part of the complaint, grievance, appeal, and/or hearings process. We can also give you more information about how we handle complaints/grievances and appeals. Copies of our notice template are also available. If you need help or would like more information beyond what is in the handbook, please call Customer Care at the phone numbers listed at the bottom of this page.

You can make a complaint.

- A complaint is letting us know you are not satisfied.
- A dispute is when you do not agree with AllCare CCO or a provider.
- A grievance is a complaint you can make if you are not happy with AllCare CCO, your healthcare services, or your provider. A dispute can also be a grievance.

To make it easy, OHP uses the word complaint for grievances and disputes, too.

You have a right to make a complaint if you are not satisfied with any part of your care. We will try to make things better. Just call Customer Care at the phone numbers listed at the bottom of this page. You can also make a complaint with OHA or Ombuds. You can reach OHA at **(800) 273-0557** or Ombuds at **(877) 642-0450**.

You can also write to us at:

AllCare CCO
Attention: Appeals
1701 NE 7th Street
Grants Pass, OR 97526

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

You can file a complaint about any matter other than a notice of denial (NOABD) and at any time orally or in writing. If you file a complaint with OHA it will be forwarded to AllCare CCO.

Examples of reasons you may file a complaint are:

- Problems making appointments or getting a ride.
- Problems finding a provider near where you live.
- Not feeling respected or understood by providers, provider staff, drivers or AllCare CCO.
- Feeling that your consumer rights were not taken care of.
- Care you were not sure about, but got anyway.
- Bills for services you did not agree to pay.
- Disputes on AllCare CCO extension proposals to make approval decisions.
- Driver or vehicle safety.
- Quality of the service you received.

A representative or your provider may make (file) a complaint on your behalf, with your written permission to do so.

We will look into your complaint and let you know what can be done as quickly as your health requires. This will be done within 5 business days from the day we got your complaint.

If we need more time, we will send you a letter within 5 business days. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language. We will send you a letter within 30 days of when we got the complaint explaining how we will address it.

If you are unhappy with how we handled your complaint, you can share that with the OHP Client Services Unit at **(800) 273-0557** or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email OHA.OmbudsOffice@odhsoha.oregon.gov or leave a message at **(877) 642-0450**.

Another resource for supports and services in your community is **211 Info**. Call **2-1-1** or go to the 211 Info website for help.

AllCare CCO, its contractors, subcontractors, and participating providers cannot:

- Stop a member from using any part of the complaint and appeal system

process or take punitive action against a provider who ask for an expedited result or supports a member's appeal.

- Encourage the withdrawal of a complaint, appeal, or hearing already filed; or
- Use the filing or result of a complaint, appeal, or hearing as a reason to react against a member or to request member disenrollment.
- Stop a member from making a complaint that was made before, or making the same complaint if the problem was not resolved.

You can ask us to change a decision we made.

This is called an appeal.

If we deny, stop, or reduce a medical, dental or behavioral health service, we will send you a denial letter that tells you about our decision. This denial letter is also called a Notice of Adverse Benefit Determination (NOABD). We will also let your provider know about our decision.

If you disagree with our decision, you have the right to ask us to change it. This is called an appeal because you are appealing our decision.

Follow these steps if you do not agree with our decision

Step 1

Ask for an appeal.

You must ask within 60 days of the date of the denial letter (NOABD). Call Customer Care at (541)471-4106, Toll free (888) 460-0185, TTY 711, Language Access (888) 260-4297. You can ask for an appeal verbally, in writing, or use the Request to Review a Health Care Decision form. The form was sent with the denial letter. You can also get it at <https://bit.ly/ohp-hearing-form>. You can mail the form to:

AllCare CCO
Attention: Appeals
1701 NE 7th Street
Grants Pass, OR 97526

You can also fax the form to (541) 471-3789.

Who can ask for an appeal?

You or someone with written permission to speak for you. That could be your doctor or an authorized representative.

Step 2

Wait for our reply.

Once we get your request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can give us any more information you think would help us review the decision.

How long do you get to review my appeal?

We have 16 days to review your request and reply. If we need more time, we will send you a letter. We have up to 14 more days to reply.

What if I need a faster reply?

You can ask for a fast appeal. This is also called an expedited appeal. Call us or fax the request form. The form was sent with the denial letter. You can also get it at <https://bit.ly/ohp-hearing-form>. Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal.

How long does a fast appeal take?

If you get a fast appeal, we will make our decision as quickly as your health requires, no more than 72 hours from when the fast appeal request was received. We will do our best to reach you and your provider by phone to let you know our decision. You will also get a letter.

At your request or if we need more time, we may extend the time-frame for up to 14 days.

If a fast appeal is denied or more time is needed, we will call you and you will receive written notice within two days. A denied fast appeal request will become a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days.

If you don't agree with a decision to extend the appeal time frame or if a fast appeal is denied, you have the right to file a complaint.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Step 3

Read our decision.

We will send you a letter with our appeal decision. This appeal decision letter is also called a Notice of Appeal Resolution (NOAR). If you agree with the decision, you do not have to do anything.

Still don't agree? Ask for a hearing.

You can ask the state to review the appeal decision. This is called asking for a hearing. You must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).

What if I need a faster hearing?

You can ask for a fast hearing. This is also called an expedited hearing. Use the online hearing form at <https://bit.ly/ohp-hearing-form> to ask for a normal hearing or a faster hearing.

To ask for a normal hearing or a faster hearing, call the state at (800) 273-0557 (TTY 711) or use the request form that was sent with the letter. Get the form at <https://bit.ly/ohp-hearing-form>. You can send the form to:

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

The state will decide if you can have a fast hearing 2 working days after getting your request.

Who can ask for a hearing?

You or someone with permission to speak for you. That could be your doctor or an authorized representative.

What happens at a hearing?

At the hearing, you can tell the Oregon Administrative Law judge why you do not agree with our decision about your appeal. The judge will make the final decision.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Questions and answers about appeals and hearings.

What if I don't get a denial letter?

Can I still ask for an appeal?

You have to get a denial letter before you can ask for an appeal.

If your provider says that you cannot have a service or that you will have to pay for a service, you can ask us for a denial letter (NOABD). Once you have the denial letter, you can ask for an appeal.

What if AllCare CCO doesn't meet the appeal timeline?

If we take longer than 30 days to reply, you can ask the state for a review. This is called a hearing. To ask for a hearing, call the state at (800) 273-0557 (TTY 711) or use the request form that was sent with the denial letter (NOABD). Get the form at <https://bit.ly/ohp-hearing-form>.

Can someone else represent me or help me in a hearing?

You have the right to have another person of your choosing represent you in the hearing. This could be anyone, like a friend, family member, lawyer, or your provider. You also have the right to represent yourself if you choose. If you hire a lawyer, you must pay their fees.

For advice and possible no-cost representation, call the Public Benefits Hotline at (800) 520-5292; TTY 711. The hotline is a partnership between Legal Aid of Oregon and the Oregon Law Center. Information about free legal help can also be found at OregonLawHelp.com.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Can I still get the benefit or service while I'm waiting for a decision?

If you have been getting the benefit or service that was denied and we stopped providing it, you can ask us to continue it during the appeal and hearings process.

You need to:

- Ask for this within 10 days of the date of the denial letter (NOABD) or by the date this decision is effective, whichever is later.
- You can ask us verbally or use the Request to Review a Health Care Decision form. The form was sent with the letter. You can also get it at <https://bit.ly/ohp-hearing-form>.
- Answer “yes” to the question about continuing services on box 8 on page 4 on the Request to Review a Health Care Decision form.

Do I have to pay for the continued service?

If you choose to still get the denied benefit or service, you may have to pay for it. If we change our decision during the appeal, or if the judge agrees with you at the hearing, you will not have to pay.

If we change our decision and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

What if I also have Medicare?

Do I have more appeal rights?

If you have both AllCare CCO and Medicare, you may have more appeal rights than those listed above. Call Customer Care at the phone numbers listed at the bottom of this page for more information. You can also call Medicare at **(800) MEDICARE** or **(800) 633-4227** to find out more on your appeal rights.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

2023 AllCare CCO Member Handbook

Practice guidelines.

Practice Guidelines are used to create our health care policies for treatment and care. You can find our Practice Guidelines on our website at

AllCarehealth.com/CCO/Resources/Clinical-Practice-Guidelines.

If you would like a copy of the Practice Guidelines, or to get them in a different format (such as other languages, large print, or braille) at no cost, please call Customer Care at the phone numbers at the bottom of this page. A copy will be provided within five (5) business days.

Physician incentives and provider payment.

We pay a bonus or reward to our providers for keeping you healthy. We do not pay or reward our providers for limiting services and referrals. We may pay providers in different ways to improve how you receive care and to encourage providers to focus on improving your overall health. These do not impact member's access to benefits or care.

You have the right to ask if AllCare CCO has special financial arrangements with its doctors that can affect the number of referrals and other services they use. To get this information, call Customer Care and ask for information about physician payment arrangements.

Need help?

Customer Care: (541) 471-4106 Toll free: (888) 460-0185
TTY: 711 Language Access: (888) 260-4297

Words to know.

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

Advance Directive – A legal form that lets you express your wishes for end-of-life care. You can choose someone to make health care decisions for you if you can't make them yourself.

Advocate – A person who supports you or helps protect your rights.

AllCare CCO – A company that has a contract with the State of Oregon. The contract is to administer Oregon Health Plan (OHP) benefits. AllCare CCO coordinates care for OHP members. They help members in:

- Jackson County
- Josephine County
- Curry County
- and in Glendale and Azalea in Douglas County

Appeal – When you ask your plan to change a decision you disagree with about a service your doctor ordered. You can call, write a letter or fill out a form that explains why the plan should change its decision. This is called filing an appeal.

Assessment – Review of information about a patient's care, health care problems, and needs. This is used to know if care needs to change and plan future care.

Authorized representative – A person you say can make decisions for you. They can also sign things for you. This person could be a family member or guardian. If you want to give someone the ability to do these things for you, you must fill out a special form.

Balance bill (surprise billing) – Balance billing is when you get a bill from your provider for a leftover amount. This happens when a plan does not cover the entire cost of a service. This is also called a surprise bill. OHP providers are not supposed to balance bill members.

Behavioral health – This is mental health, mental illness, addiction and substance use disorders. It can change your mood, thinking, or how you act.

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2023 AllCare CCO Member Handbook

Benefits – The services that your health plan pays for.

Care coordination – A service that gives you education, support and community resources. It helps you work on your health and find your way in the health care system.

Civil action – A lawsuit filed to get payment. This is not a lawsuit for a crime. Some examples are personal injury, bill collection, medical malpractice, and fraud.

Co-insurance – The amount someone must pay to a health plan for care. It is often a percentage of the cost, like 20%. Insurance pays the rest.

Complaint – A telephone call or letter to AllCare CCO to complain. It can be about your health care or about one of the providers in our network. A complaint does not include coverage or payment disputes (see Appeal).

Community Health Workers – A person who is trained to help you get health care services. They can help you find the best care for the services you need.

Contested case hearing – A trial done by a State of Oregon Office of Administrative Hearings judge. You can ask for this hearing after you receive a Notice of Adverse Benefit Determination (also known as Notice of Action-Benefit Denial) to deny, reduce, or stop benefits.

Consumer laws – Rules and laws meant to protect people and stop dishonest business practices.

Coordinated Care Organization (CCO) – A CCO is a local OHP plan that helps you use your 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.

Copay or Copayment – An amount of money that a person must pay for services like prescriptions or visits. OHP members do not have copays. Private health insurance and Medicare sometimes have copays.

Crisis – A time of difficulty, trouble, or danger. It can lead to an emergency situation if not addressed.

Customer Care – A department of AllCare Health that helps you with your questions, problems with your health care services, and AllCare CCO benefits.

Declaration of mental health treatment – A form you can fill out when you have a mental health crisis and can't make decisions about your care. It outlines choices

about the care you want and do not want. It also lets you name an adult who can make decisions about your care.

Deductible – The amount you pay for covered health care services before your insurance pays the rest. This is only for Medicare and private health insurance.

Devices for habilitation and rehabilitation – Supplies to help you with therapy services or other everyday tasks. Examples include:

- Walkers
- Canes
- Crutches
- Glucose monitors
- Infusion pumps
- Prosthetics and orthotics
- Low vision aids
- Communication devices
- Motorized wheelchairs
- Assistive breathing machine

DHS – Department of Human Services.

Diagnosis – When a provider finds out the problem, condition, or disease.

Durable medical equipment (DME) – Things like wheelchairs, walkers and hospital beds that last a long time. They don't get used up like medical supplies.

Eligible – To meet conditions or requirements for a program.

Emergency – When you think your health will be in serious danger if you don't get help right away. If you are pregnant, this includes the health of your unborn baby. If you believe you have a medical emergency, call 9-1-1 or go directly to the hospital emergency room. Examples of emergencies include, but are not limited to:

- An illness or injury that needs care right away.
- Bleeding that won't stop.

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2023 AllCare CCO Member Handbook

- Severe pain.
- Broken bones.
- It can be something that will cause some part of your body to stop working right.
- An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.

Emergency dental condition - A dental health problem based on your symptoms. Examples are severe tooth pain or swelling.

Emergency medical condition - An illness or injury that needs care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working. An emergency mental health condition is the feeling of being out of control or feeling like you might hurt yourself or someone else.

Emergency medical transportation - Using an ambulance or Life Flight to get medical care. Emergency medical technicians give care during the ride or flight.

Emergency room care - Care you get when you have a serious medical issue and it is not safe to wait. This can happen in an ER.

ER or ED - It means emergency room or emergency department. This is the place in a hospital where you can get care for a medical or mental health emergency.

Emergency services - Care that improves or stabilizes sudden serious medical or mental health conditions.

Enroll - To join a program or health plan.

Excluded services - What a health plan does not pay for. Example: OHP doesn't pay for services to improve your looks, like cosmetic surgery or things that get better on their own, like a cold.

Federal and State False Claims Act - Laws that makes it a crime for someone to knowingly make a false record or file a false claim for health care.

Fee-for-service - Health care services that are covered by the Oregon Health Authority (OHA). When you are not enrolled in a CCO, you are a fee-for-service member because OHA pays for your care. OHA covers some services not covered by the CCO.

Grievance – A formal complaint about a plan, you can make if you are not happy with your CCO, your healthcare services, or your provider or clinic. OHP calls this a complaint. The law says CCOs must respond to each complaint.

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

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

Hearing – When you ask the Oregon Health Authority (OHA) to review a decision OHA or AllCare CCO made about covering a health care service. Hearings are held by an administrative law judge who is not part of AllCare CCO, the Oregon Health Authority, or the Oregon Health Plan.

Health Risk Screening – A survey about a member's health. The survey asks about emotional and physical health, behaviors, living conditions and family history. CCOs use it to connect members to the right help and support.

Home health care – Services you get at home to help you live better after surgery, an illness or injury. Help with medications, meals and bathing are some of these services.

Hospice services – Services to comfort a person who is dying and to help their family. Hospice is flexible and can be pain treatment, counseling and respite care.

Hospital inpatient and outpatient care – Inpatient: When you are admitted to a hospital and stay at least three (3) nights. Outpatient: When surgery or treatment is performed in a hospital and then you leave after.

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

Household – People that all live together. This may a spouse, partner, children or other dependents who can be claimed on your taxes.

In-Network or Participating Provider – Any provider that works with your CCO. You can see in-network providers for free. Some network specialists require a referral.

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2023 AllCare CCO Member Handbook

Intensive care coordination – Some members with special healthcare needs will get more help and resources to reach healthy results. An example of someone with special healthcare needs may be:

- Older adults.
- People with disabilities.
- People with multiple or chronic conditions.
- Children with behavioral problems.
- People using IV drugs.
- Women with high-risk pregnancy.
- Veterans and their families.
- People with HIV/AIDS or tuberculosis.

ICC or Intensive Care Coordinator – (Formerly ENCC Exceptional Needs Care Coordinator) - An AllCare CCO employee who helps members who have difficult or special medical needs. They help members get proper health care from providers and other help from community agencies.

Immunizations – Also called vaccines or shots. Medicines that are injected into the body to prevent a person from getting a disease or illness that may cause serious health problems.

Medicaid – A national program that helps with health care costs for people with low incomes. In Oregon, it is part of the Oregon Health Plan.

Medically necessary – Services and supplies that are needed to prevent, diagnose or treat a medical condition or its symptoms. It can also mean services that are standard treatment.

Medicare – A health care program for people 65 or older. It also helps people with certain disabilities of any age.

Network – The medical, mental health, dental, pharmacy and equipment providers that have a contract with a CCO.

Out-of-Network Provider – A provider who has not signed a contract with the CCO. The CCO doesn't pay for members to see them. You have to get approval to see an out-of-network provider.

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

Notice of action – Our written response to you denying any request for service or payment for service.

OHA – Oregon Health Authority. The state agency that oversees the Oregon Health Plan.

OHP – Oregon Health Plan, also known as Medicaid.

OHP Agreement to pay (OHP 3165 or 3166) Wavier – A form that you sign if you agree to pay for a service that OHP does not pay for. It is only good for the exact service and dates listed on the form. You can see the blank waiver form at <https://bit.ly/OHPwaiver>. Unsure if you signed a waiver form? You can ask your provider's office. For additional languages, please visit: oregon.gov/oha/hsd/ohp/pages/forms.aspx.

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

Participating provider – A medical professional who is part of AllCare CCO's network of providers.

Patient-Centered Primary Care Home (PCPCH) – A health care clinic that focuses on the patient or member. It includes primary care providers and different specialty providers, all in one place.

Peer wellness specialist/Personal health navigator – A person who is specially trained to help you get the health services you need.

Physician services – Services that you get from a doctor.

Plan – A health organization or CCO that pays for its members' health care services.

POLST – Portable Orders for Life-Sustaining Treatment (POLST). A form that you can use to make sure your care wishes near the end of life are followed by medical providers.

Post-Stabilization Services – Services after an emergency to help keep you stable, or to improve or fix your condition.

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2023 AllCare CCO Member Handbook

Preapproval (prior authorization, or PA) – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

Premium – The cost of insurance.

Prescription drug coverage – Health insurance or plan that helps pay for medications.

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

Preventive care or prevention – Health care that helps keep you well. Examples are getting a flu vaccine or a check-up each year.

Primary care provider (PCP) – A medical professional who takes care of your health. They are usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant, osteopath or sometimes a naturopath.

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

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

Post-stabilization – Care to keep you stable or improve your condition after an emergency is over and there is no chance of another emergency.

Rehabilitation services and devices – Services or devices to help you get back to full health. These help usually after surgery, injury, or substance abuse.

Representative – A person chosen to act or speak on your behalf.

Renewal – Each year, OHP members must make sure they still qualify for health benefits. This is called renewing. It happens one (1) time every year.

Screening – A survey or exam to check for health conditions and care needs.

Skilled nursing care – Help from a nurse with wound care, therapy or taking your medicine. You can get skilled nursing care in a hospital, nursing home or in your own home with home healthcare.

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

Suicide – The act of taking one's own life.

Telehealth – Video care or care over the phone instead of in a provider’s office.

Traditional Health Worker (THW) – A public health worker who works with healthcare providers to serve a community or clinic. A THW makes sure members are treated fairly. Not all THWs are certified by the state of Oregon. There are six (6) different types of THWs, including:

- Community health worker
- Peer wellness specialist
- Personal health navigator
- Peer support specialist
- Birth doula
- Tribal Traditional Health Workers

Transition of care - Some members who change OHP plans can still get the same services and see the same providers. That means care will not change when you switch CCO plans or move to/from OHP fee-for-service. This is called Transition of care. If you have serious health issues, your new and old plans must work together to make sure you get the care and services you need.

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

Well-child care – A series of regular medical exams where a doctor or nurse practitioner looks for problems with a child’s physical and mental development. These exams help to ensure early and more effective medical treatment.

Whistleblower – Someone who reports waste, fraud, abuse, corruption, or dangers to public health and safety.

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