



Oregon Health Plan
**Open Card
Member
Handbook**



2026



**OREGON
HEALTH
AUTHORITY**



Table of Contents



1. About OHP Open Card page 5

Welcome to Oregon Health Plan (OHP) Open Card
What is OHP Open Card?
Your member card
Languages and formats
Your benefit plans
Coordinated care organization (CCO) enrollment
OHP and other health insurance
Paying for services and bills



2. Your Benefits page 15

Primary care
Hospital care
Vision care (Visual Services)
Dental health
Behavioral health
Medications
Pre-approval (prior authorization) for services, supplies, equipment and medicine
Transportation
New health plan for Young Adults With Special Health Care Needs (YSHCN benefits)
Health-Related Social Needs (HRSN) services
Wraparound services for children and families
Mental Health Home and Community-Based Services (HCBS)



3. Care for Kids page 29

Comprehensive and preventive coverage for members under 21 years of age
More information
Nutrition Services and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



Table of Contents



4. Emergencies page 34

Physical health emergencies
Behavioral health emergencies
Dental health emergencies
Out-of-state emergencies



5. Care for American Indian/Alaska Native (AI/AN) Members page 37

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



6. Help page 39

Contact us
Care coordination



7. Your Rights page 42

Health care records
How to report fraud
How to recognize and report abuse, neglect and exploitation



8. Your Responsibilities page 49



9. Glossary page 52



10. Appendix page 57

A. More information about rides
B. Administrative Hearing Request
MSC 443 Form
C. Request to Review a Health Care Decision
OHP 3302 Form
D. Notice of Privacy Practices

About your health care coverage

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

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

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

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

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

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

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

You will find word definitions on page 53 of this handbook.

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

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



1. About Oregon Health Plan (OHP) Open Card

- 06 [Welcome to Oregon Health Plan \(OHP\) Open Card](#)
- 07 [What is OHP Open Card?](#)
- 08 [Your member card](#)
- 09 [Languages and formats](#)
- 11 [Your benefit plans](#)
- 11 [Coordinated care organization \(CCO\) enrollment](#)
- 13 [OHP and other health insurance](#)
- 14 [Paying for services and bills](#)



Welcome to Oregon Health Plan (OHP) Open Card

Dear Member,

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

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

You can also find information about:

- What to do when you need emergency care ([page 34](#))
- Programs and services for children
- How to schedule a ride to appointments ([page 24](#))

Throughout this handbook — and in the Glossary section on [page 52](#) — we explain some of the words and other terms used in describing your coverage benefits.

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

Welcome to Open Card!



About Open Card



What is OHP Open Card?

OHP Open Card is one type of Oregon Health Plan (OHP) coverage. It is for people who are not part of a coordinated care organization (CCO).

A CCO is a local network of doctors, nurses, clinics, hospitals and other providers in your area that work together to care for OHP members.

With OHP Open Card, you still get the same health care coverage as other OHP members. However, there may be fewer health care providers in your area who take OHP Open Card.

OHP Open Card is also sometimes called “fee-for-service” (FFS) OHP. This does not mean you have to pay for your care.

You might have OHP Open Card for some of your health services and be enrolled in a CCO for others. Your OHP coverage letter will explain whether you have OHP Open Card or a CCO for your **physical health care, mental health care and dental care**.

Your OHP coverage letter will explain your household’s benefits. To learn more about this letter, go to [pages 10–12](#).

If you have questions, call OHP Client Services at **800-273-0557** or email ask.ohp@odhsoha.oregon.gov.

Who gets OHP Open Card?

All new OHP members start with OHP Open Card when they are first approved. Usually, members are then enrolled into a coordinated care organization (CCO) within a few days.

Some members stay on OHP Open Card instead of joining a CCO. You may stay on Open Card if:

- › You are American Indian or Alaska Native (AI/AN).
- › You have an approved medical reason to continue care with a provider who is not in your local CCO.
- › You have other health insurance or Medicare.

To learn more about OHP and other health insurance, go to [page 13](#).

Can I ask for OHP Open Card for health reasons?

Yes. You may ask for OHP Open Card if you have a serious medical condition and need to stay with your current provider.

To make a request, contact OHP Client Services:

Call: **800-273-0557**

Email: ask.ohp@odhsoha.oregon.gov

You will need to give proof from your health care provider that:

- › Your provider is not in your local CCO.
- › Changing to a CCO provider would harm your health.

You or your provider must send OHA a request form and proof that you need OHP Open Card to stay healthy.

Learn more at: oregon.gov/oha/HSD/OHP/Pages/FFS.aspx.

OHP Open Card for American Indian or Alaska Native (AI/AN) members

If you are **American Indian or Alaska Native**, you will be enrolled in **OHP Open Card**.

You will not be placed in a coordinated care organization (CCO) unless you choose to be.

If you wish to enroll in your local CCO, contact OHP Client Services:

Call: **800-273-0557**

Email: ask.ohp@odhsoha.oregon.gov

Learn more about OHP Open Card for American Indian or Alaska Native members on [page 37](#).



About Open Card



Your member card

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

You may need your member card to:

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

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

Oregon Health ID	
Jane Doe	
Client ID #:	XX1235XX
Date card issued:	08/01/2017
 	

Members – Visit [OHP.Oregon.gov](https://www.ohp.org) to learn about your coverage and how to report income, address and other household changes online. For questions, call 800-273-0557.

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



Here are other ways you can get help:

Client Services

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

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

[Online Request Form:](#)

[OHP.Oregon.gov/CSU](https://ohp.oregon.gov/CSU)

ONE Eligibility Customer Service

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

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

one.oregon.gov

Care Coordination

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

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

ohpcc.acentra.com



About Open Card



Here are other ways you can get help:

Nurse Advice Line

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

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

ohpcc.acentra.com/nurse-advice-line

Local Help

If you would like free help from a local community partner

oregonhealthcare.gov/gethelp

Emergencies

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

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

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



Languages and formats

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

OHA Access Statement

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

Some examples are:

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

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

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



About Open Card

Written material

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

Interpreters

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

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

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

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

Coverage letters tell you what benefits you have

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

- › You first get benefits
- › Your benefits change

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

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

5503 XX#### XX P2 EN AT

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

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

JOHN DOE
123 MAIN ST
HOMETOWN OR 97000

Keep this letter!

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

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

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

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

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

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

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

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

Reason for letter:

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

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



About Open Card



Your benefit plans

When you receive your member coverage letter, it will tell you about your benefit plan. Your plan may be one of the following:

- › **Oregon Health Plan (OHP Plus):** Oregon's medical assistance program helps people who cannot afford health care. This program is also called Medicaid. OHP provides full medical, vision, dental, behavioral health and pharmacy coverage.
At first, everyone who gets OHP is enrolled in OHP Open Card and can use any health care provider who accepts Open Card. Later, most OHP members are enrolled in a local coordinated care organization (CCO) to manage their care.
- › **Oregon Health Plan (OHP) with Limited Drug:** For people who have both OHP and Medicare Part D. This program covers drugs that Medicare Part D does not cover. All other benefits are the same as OHP Plus.
- › **OHP and Medicare Savings Program:** Some people with Medicare may also get this combination of benefits. If this is true:
 - » These individuals will receive the OHP with Limited Drug benefit listed above.
 - » Medicare pays first for medical and hospital services.
 - » OHP is billed after Medicare and may help pay for costs that Medicare doesn't cover such as dental, behavioral health, medical transportation and some prescription drugs that are not covered under Medicare Part D.

› **Medicare Savings Programs (MSPs):** MSPs are Medicaid benefits designed to help people with limited income pay for Medicare-related costs. There are three types of MSPs in Oregon.

- » **Qualified Medicare Beneficiary Program (QMB):**
This Medicare Savings Program helps people pay for Medicare costs, including Medicare Part A and Part B premiums, deductibles and coinsurance.
- » **Medicare Part B premiums only:** For people who qualify, there are two Medicare Savings Programs that pay the Medicare Part B premium, the Specified Low-Income Medicare Beneficiary (SLMB) and the Qualifying Individual (QI) programs. These programs do not cover health care or pay other Medicare costs.

Check out these resources for more information for seniors and people with disabilities: oregon.gov/odhs.



Coordinated care organization (CCO) enrollment

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

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



About Open Card

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

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

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

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

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

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

CCOF - People get only dental care through a CCO.

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



About Open Card



OHP and other health insurance

Some people have OHP Open Card because they have other health coverage such as private insurance through an employer or Medicare. When you have other health coverage:

- › Your other insurance generally pays first.
- › OHP pays second and may cover what the other insurance does not cover. This means your other insurance is “primary coverage” and OHP is your “secondary coverage.”

If your other coverage is Tribal health insurance, OHP Open Card is the primary coverage instead.

Important instructions for using OHP with other coverage:

Always show all your health insurance ID cards when you get care, supplies or prescriptions. This includes:

- › Your OHP ID card
- › Any CCO ID card
- › Any other health insurance cards

If you have OHP Open Card and another insurance plan, try to find providers who accept both. This helps make sure your bills are covered in full.

Reporting changes to other health insurance

You must tell OHP if your other health insurance changes (except Medicare).

- › Report any new or ended coverage **within 30 days**.
- › Not reporting changes could cause problems paying medical bills or filling prescriptions.

OHP calls other health insurance “third-party resource” (TPR) or “third-party liability” (TPL).

If OHP was informed of your other health insurance, it

will be listed under “Managed Care/TPR Enrollment” on page 2 of your coverage letter. You can also check your ONE Eligibility account online. If your other coverage is not listed, you must report it to OHP.

You can report other health insurance in any of these ways:

- › Online at ReportTPL.org.
- › Through your online ONE account at ONE.Oregon.gov.
- › Call ONE Eligibility Customer Service at 800-699-9075 (all relay calls accepted; help available in many languages).
- › Visit a local Oregon Department of Human Services for help (ODHSoffices.Oregon.gov/).
- › Get help from a community partner application assister. Find one at: oregonhealthcare.gov/gethelp.

Finding providers:

It’s important to find a provider who accepts all your health insurance plans and OHP Open Card so your visits and prescriptions are fully covered.

To find providers that accept your private insurance:

- › Call your insurance company.
- › Use the provider search tool on your insurance plan’s website.

To find providers that take OHP Open Card:

- › Visit ohpcc.acentra.com/member.
- › Call Open Card Member Services at 800-562-4620 (Monday through Friday, 8 am to 5 p.m.).

If a provider does not accept OHP Open Card and you still want to see them, they may ask you to sign a waiver agreement. This means you agree to pay the bill yourself.



About Open Card

Filling prescriptions

If your pharmacy does not accept OHP Open Card and you have other insurance, tell your insurance plan. Ask which pharmacies can bill both your insurance and OHP. Use those pharmacies to fill your prescriptions. This will make sure OHP helps pay for your covered medicines.

If you get a bill for services while on OHP Open Card

- › Your provider or pharmacy must tell you if the services or prescriptions are covered by OHP Open Card before giving your care.
- › If you signed an agreement to pay for services that are not covered by OHP, you will have to pay that bill.
- › These forms are called:
 - » OHP Client Agreement to Pay for Health Services (Form OHP 3165)
 - » OHP Client Agreement to Pay for Pharmacy Services (Form OHP 3166)
- › If you are not sure about whether a form you signed means you must pay, send a copy of the signed form to OHP Client Services for review. Call **800-273-0557** or email ask.ohp@odhsoha.oregon.gov to confirm the form is valid.
- › If your provider billed your other insurance and OHP Open Card, but you still received a bill asking you to pay, call OHP Client Services at **800-273-0557** or email ask.ohp@odhsoha.oregon.gov. Be ready to send a copy of the complete bill.
- › You may also need to contact your other insurance company for help.



Paying for services and bills

You should not have to pay for services covered by OHP Open Card. Payments for covered services are handled directly between your OHP Open Card provider and the Oregon Health Authority (OHA).

Your provider must tell you **before your appointment** whether a service is covered by OHP Open Card.

If a service is **not covered**, your provider should have you sign one of these forms before you receive the service: **OHP Client Agreement to Pay for Health Services (Form OHP 3165)**. If you did **not** sign this form, **do not pay the bill**.

If you choose a provider that does not accept OHP Open Card and you want to see them anyway, they may ask you to sign a self-pay waiver agreement saying you agree to pay the bill yourself. If the provider orders or refers you for services, you may also have to pay out-of-pocket. If you did not sign a self-pay waiver, do not pay the bill.

Sometimes OHP Open Card may decide you are responsible for a bill. If you disagree with that decision, you can ask for a hearing within 60 days by filling out the Administrative Hearing Request form (MSC 0443).

To learn more about your rights, read the Notice of Hearing Rights (OHP 3030). These forms and more information can be found online at: oregon.gov/oha/hsd/ohp/pages/appeals-hearings.aspx.

If you need help, call OHP Client Services at **800-273-0557** or email ask.ohp@odhsoha.oregon.gov.



2. Your Benefits

- 16 [Primary care](#)
- 16 [Hospital care](#)
- 17 [Vision care \(Visual Services\)](#)
- 18 [Dental health](#)
- 20 [Behavioral health](#)
- 21 [Medications](#)
- 22 [Pre-approval \(prior authorization\) for services, supplies, equipment and medicine](#)
- 24 [Transportation](#)
- 25 [New health plan for Young Adults With Special Health Care Needs \(YSHCN benefits\)](#)
- 25 [Health-Related Social Needs \(HRSN\) services](#)
- 27 [Wraparound services for children and families](#)
- 27 [Mental Health Home and Community-Based Services \(HCBS\)](#)



Your Benefits



Primary care

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

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

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

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



Hospital care

Hospital care and services for Open Card members include:

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

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



For help or more information

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



Definition of terms

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

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

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

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



Your Benefits



For help or more information

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



Definition of terms

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

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

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



Vision care (Visual Services)

OHP covers some visual care services (such as routine eye exams). Coverage is different depending on your age and medical needs. Talk to your provider to find out if you qualify.

For members age 20 and younger:

- › Eye exams and glasses or contact lenses for members

If you are pregnant (and for 12 months after the pregnancy ends):



- › Eye exams and glasses or contact lenses for members

For members age 21 and older:

- › One routine eye exam every 24 months is covered.
- › Glasses or contact lenses are covered only if you have certain eye conditions, such as:
 - » A medical diagnosis of aphakia, pseudophakia, congenital aphakia, or keratoconus
 - » No natural lenses in the eye (for example, after cataract extraction or from birth)
 - » After a corneal transplant (keratoplasty surgical procedure)

Some vision services may need pre-approval.



Your Benefits



Dental health

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

- › Dental visits every year to have teeth checked and cleaned
- › Treatment for cavities or pain
- › Fillings
- › Getting teeth pulled
- › Emergency care if a tooth is broken, knocked out or has an infection
- › Dentures for some people
- › Sealants for kids
- › Fluoride varnish applications
- › Crowns (for some people)
- › Root canals for some teeth
- › Braces (through age 20 upon approval when the member has cleft lip, cleft palate, or a misaligned jaw or bite)
- › Interpreters at appointments
- › Transportation to and from appointments
- › Prescriptions from your dentist that you get from the pharmacy
- › Additional services may be covered through age 20. Learn more in the “Care for kids” section on [page 29](#).

Members may receive referrals from their provider for specialty dental care. If you get a referral for specialty dental care, your provider will tell you which type of dental specialist to call. Dental specialists include:

- › Endodontists (for some root canals)
- › Pediatric specialists (for children and adults with special needs)
- › Periodontists (for gums)



For help or more information

For more information, you can contact your dental office.

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

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

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



Definition of terms

Urgent and emergency dental needs:

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

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

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

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



Your Benefits

- › Oral surgeons (for some extractions that are complicated, or require sedation or general anesthesia)
- › Orthodontists (for braces)

If you are pregnant, you get extra dental benefits with OHP Open Card Plus Supplemental. These extra benefits last through your pregnancy and 12 months after. You can get:



- › Appointments sooner
- › Extra cleanings for teeth and gums
- › Extra fluoride varnish applications (to protect your teeth)
- › Root canals for additional teeth

Dental-only OHP coverage

Some people who do not qualify for full OHP may qualify for a dental-only OHP program.

Veteran Dental Program – For people who served in the U.S. military. Even if you earn too much income for full OHP you may qualify for this dental-only program. You must show proof of an honorable discharge from active service and meet the income rules.

Learn more about the Veteran Dental Program:
oregon.gov/oha/HSD/OHP/Tools/Veteran-Dental.pdf.

COFA Dental Program – The Compact of Free Association (COFA) is an agreement between the United States and the Republic of Palau, Republic of Marshall Island and Federated States of Micronesia. Citizens from these nations have legal standing to live, work and study in the United States. To qualify for this dental-only program, you must be living in Oregon and meet the income rules.



For help or more information

Learn more about the COFA Dental Program in these languages. Other languages can be requested by calling 800-699-9075. For help applying, visit OregonHealthCare.gov/get-help.

- › **English** oregon.gov/oha/HSD/OHP/Tools/COFA-Dental.pdf
- › **Chuukese** oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Chukese.pdf
- › **Marshallese** oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Marshallese.pdf
- › **Palauan** oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Palauan.pdf
- › **Pohnpeian** oregon.gov/oha/HSD/OHP/Tools/COFA-Dental_Pohnpeian.pdf



Your Benefits



Behavioral health

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

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

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

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

Covered medications for treatment of substance use disorder include:

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



For help or more information

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



Definition of terms

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

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

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

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



Your Benefits



Medications

Who will pay for your medicines?

Tell your pharmacy about all your health coverage, including:

- › OHP Open Card
- › Coordinated care organization (CCO)
- › Medicare Part D
- › Private health insurance

Your pharmacy will bill these plans in order. For example:

- › If you have Medicare Part D or private health insurance, the pharmacy bills those first.
- › OHP Open Card pays for mental and physical health medicines (only if other coverage does not). To find out if a specific medicine is covered, ask your provider.
- › If you are in a coordinated care organization (CCO), the CCO will pay for your physical health medicines.
- › If you have Medicare Part D, Open Card only pays for some prescriptions not covered by Medicare Part D or Medicare Advantage Prescription Drug coverage.
- › If you have private insurance and OHP Open Card, OHP may help with copays, depending on the situation.
- › Veteran Dental and COFA Dental Plans: Moda Health pays for certain medicines. You do not need to pay if the medicine is covered by your plan.

You may have to pay for medicine if:

- › You signed an Agreement to Pay form at the pharmacy.
- › You have Medicare but no Medicare Part D prescription coverage, and the prescription would have been covered under Medicare Part D.

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

Your health care providers must tell you whether medications are covered by OHP Open Card before they prescribe them to you. They can check this using OHP's coverage system in real time.

What medicines are covered?

OHP Open Card covers medicines on the **Preferred Drug List (PDL)**.

- › Look it up at: orpd.org.
- › You need the exact name of your medicine.

Medicare plus OHP: OHP covers only drugs that no Medicare plan will cover, and only if they are on OHP's list of covered prescriptions.

CCO members: Medicines are covered if they are on your CCO's covered drug list.

- › Call your CCO customer service or check their website for the list.

If you have questions, you can call Client Services at **800-273-0557**.

How to get your medicines

Prescriptions are required: OHP will pay for your medication only if a provider prescribes it.

Ways providers send prescriptions:

- › Electronically or by fax to the pharmacy
- › Written prescription for you to take to the pharmacy

What you need at the pharmacy:

- › Your ID (driver's license or state ID)
- › Your health coverage card(s)

Ask your pharmacy what you can use if you do not have government-issued identification.

Supply limits: You can receive up to a 100-day supply of medication, depending on the prescription.



Your Benefits

If a medicine is not covered, ask if your provider is enrolled with Oregon Health Plan. If they are enrolled, ask:

- › Is it too soon to refill, or is the quantity too large?
- › Is there another medicine that works the same and is covered?
- › Does this medicine need pre-approval (pre-authorization) from OHP?
- › Can we apply for free medication from the drug company's patient assistance program?

If OHP denies a pre-approval (prior authorization) request, you can ask your provider to file an appeal and submit required documentation.

Your pharmacy

You can use a different pharmacy and still have OHP cover your prescription if you have an urgent need and:

- › Your pharmacy is closed.
- › You cannot get to your pharmacy, even with the OHP ride service.
- › Your pharmacy does not have the prescribed medicine in stock.

If you are part of a coordinated care organization (CCO), your coverage letter identifies a pharmacy for your use. Whenever possible, you should get your medications from this pharmacy.

If you are not in a CCO, then your coverage letter will not include a pharmacy.



Pre-approval (prior authorization) for services, supplies, equipment and medicine

What is pre-approval (prior authorization)?

Sometimes, before you can get care, supplies or medicine, your health care provider must send information to the Oregon Health Plan (OHP) for permission to pay.

- › Your provider sends information to OHP.
- › OHP reviews it.
- › OHP sends a letter telling you if they will pay.
- › This process is called pre-approval (prior authorization).

If OHP says yes, your plan pays.

If OHP says no, you may need to pay yourself if you still want the service or medicine.

In cases where OHP is unable to pay for the services or medicine requested, you might have to pay out of pocket if you wish to receive them.

Below, you will see a list of health care services and medicines that might require pre-approval (prior authorization).

In addition to those listed, you may need pre-approval (prior authorization) if:

- › Research shows the service or medicine may not work for some people.
- › Research shows the service or medicine may not be safe for some people.
- › A less expensive medicine can work just as well.



Your Benefits

Getting approval for services

Health care services that may need pre-approval (prior authorization) include:

- › Dental services (care for teeth, mouth, gums)
- › Durable medical equipment and supplies (like wheelchairs and hospital beds)
- › Home health care (help at home, such as bathing and meals)
- › Hospital stays (time you spend in a hospital)
- › Imaging (X-rays or MRIs that help diagnose health issues)
- › Medical supplies (like diapers and catheters)
- › Medicines not on the Preferred Drug List (medicines not automatically covered by OHP Open Card)
- › Services from providers outside your network, such as occupational therapy (exercise or treatment to help you do everyday activities and lessen, prevent or adapt to disabilities)
- › Out-of-state care (services or care you receive outside of Oregon)
- › Physical therapy (exercise or treatment to help you move better, strengthen muscles or relieve pain)
- › Planned Community Birth Services
- › Specialty services (care from a specialist your doctor refers you to)
- › Speech and language therapy (help with talking, eating or swallowing)
- › Transplants (organ or tissue replacement)
- › Vision care for non-pregnant adults age 21 and over (like eye exams, glasses or contact lenses)

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

Your health care provider can check the OHP Open Card Preferred Drug List: orpdل.org/drugs to find which medicines need pre-approval (prior authorization) The list is updated often.

If your provider's request for pre-approval (prior authorization) is denied, you will receive a letter from OHP (OHP never denies coverage over the phone or during a visit with a provider). This notice of denial will explain how to appeal or ask for a hearing if you do not agree with the decision.



Your Benefits



Transportation

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

What kind of ride can I get?

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

Is there any cost to me?

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

How do I schedule a trip?

At least two days before your appointment, call the non-emergency medical transportation (NEMT) company for your county.

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

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

What if I have a problem with the NEMT provider?

If you still need help after calling your local ride service or there is a problem with the ride service, you can contact Client Services at **800-273-0557** or by emailing ask.ohp@odhsoha.oregon.gov.

For more information about getting rides, please see Appendix A on [page 58](#) ("More information about NEMT trips") at the end of this handbook.

You can also go to OHP.Oregon.gov/Rides.



What if this is an emergency?

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

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



Non-emergency medical transportation (NEMT) companies

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



Your Benefits



New health plan for Young Adults With Special Health Care Needs (YSHCN benefits)

Who can get this coverage?

You may qualify for YSHCN benefits if you are:

- › 19 to 21 years old
- › Living in Oregon
- › Individual or family income up to 205 percent of the federal poverty level
- › Living with or at risk of having a qualifying health care need that began before age 19. These include:
 - › Physical, intellectual or developmental disability
 - › A medical condition you have had for a long time
 - › Mental health, substance use or neurodevelopmental condition (which affects brain development)

Application and enrollment process

- › Applications are processed through the ONE system. You can now apply online. Paper applications are also available through the ONE system if you prefer.
- › Current OHP members who qualify for YSHCN will automatically receive a message that they qualify through the ONE system or by mail.
- › New OHP applicants can complete a screening questionnaire through the ONE system, or via paper application. You can get an application at [OHP.Oregon.gov/Apply](https://www.oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN.aspx).
- › Visit [Oregon.gov/YSHCN](https://www.oregon.gov/YSHCN) to access more information about this benefit and how to apply.

Benefits included in YSHCN

YSHCN members qualify for expanded vision, dental and other benefits until age 26. Normally this coverage ends at age 21. This means OHP covers more services like specialty care, medical equipment or medications that OHP does not normally cover.

Learn more on page 27 about comprehensive coverage for members under age 21 and young adults with special health care needs.

Additional Information

If you have questions about Young Adults With Special Health Care Needs (YSHCN) benefits, contact Client Services.

Call: **800-273-0557**

Email: yshcn.info@oha.oregon.gov.

Find information online: www.oregon.gov/oha/hsd/ohp/pages/special-health-care-needs.aspx



Health-Related Social Needs services

Health-related social needs (HRSN) are social and economic needs that can affect your health and well-being. These services provide free help for OHP members who are going through major life changes.

You can find more information at:

[oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN.aspx](https://www.oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN.aspx)

Contact OHP Open Card at **888-834-4304** to learn what free services are available. HRSN services include:

Housing services:

- › Help paying rent, utilities or storage fees (including late payments) for up to six months
- › Tenancy services – help understanding your lease, talking with your landlord and connecting to other supports



Your Benefits

- › Home safety changes – pest control, deep cleaning, adding ramps, grab bars or drawer pulls
- › Home changes for health during extreme weather – air conditioners, heaters, air filters, mini fridges or portable power supplies
- › Each housing benefit has different requirements. They may include things like your income, your age or having a lease.

Learn more and find request forms on this web page:

oregon.gov/oha/HSD/OHP/Pages/Housing.aspx

Nutrition services:

- › Nutrition education can help support healthy choices to improve health.
- › If you have certain health conditions, you may qualify for meals that meet your medical and nutrition needs.

Learn more and find a request form on this web page:

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

Outreach and engagement services:

Community organizations can help you:

- › Make requests for HRSN benefits.
- › Find other services you need.

You may be eligible to receive some or all of the HRSN services if you are an OHP member and you meet one or more of these conditions:

- › You are homeless or may become homeless soon.
- › You received care in a mental health or substance use disorder residential treatment program or an inpatient psychiatric program in the last 12 months.
- › You were incarcerated (such as in jail or prison) in the last 12 months.
- › You are currently or were previously involved with the Oregon child welfare system.
- › You are a young adult with special health care needs.

- › You transitioned to dual coverage with OHP and Medicare within the past nine months or will transition to dual status within the next three months.

How to get screened for HRSN services

To find out if you can get HRSN services, call Care Coordination at **888-834-4304**.

You can get:

- › Help setting up a screening appointment.
- › Help setting up HRSN services if you qualify.

You can fill out your own HRSN Request form. Forms are in many languages.

If you are an OHP Open Card member, send your completed HRSN form to ORHRSN@acentra.com.

What happens after screening

You can say no to a screening, but without screening, you will not be approved.

If you are approved:

- › You can choose to get or not get the HRSN services offered.
- › Services are free. You can stop at any time.
- › If you receive HRSN services, your Care Coordination team will add the services to your care plan if you choose them.

If you are not approved:

- › You may ask Care Coordination about other resources.
- › You can appeal if you think you should qualify.

Important: To check if you can get HRSN services, some of your personal information will be collected. This information may be shared with the people who give you the services.

Questions?

OHP Open Card members can call **888-834-4304**.

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



Your Benefits



Wraparound services for children and families

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

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

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

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

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

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



Mental Health Home and Community-Based Services (HCBS)

What are Mental Health HCBS?

HCBS are supports and services for OHP members who:

- › Are 21 or older
- › Have a qualifying mental health diagnosis, and



For help or more information

Community services and supports (wraparound providers) can be found on the OHA web page: oregon.gov/IntensiveServices.

To get pre-approval (prior authorization) for a service or medicine, ask your health care provider.

Your provider will submit the request for pre-approval and your supporting health records to OHA. That information helps OHA determine if the services requested are covered under your benefit plan.

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



Definition of terms

Out-of-pocket costs: Health care costs you pay yourself. Examples: Medicare monthly premiums or copays.

Provider: A licensed person or group that gives health care. Examples: doctor, dentist or therapist.

- › Need help with at least two activities of daily living because of mental health needs

These supports and services are paid for by Medicaid and help people live at home or in the community. The Oregon Health Authority provides these supports and services through a state plan option called 1915(i).



Your Benefits

Who coordinates these supports and services

OHA works with Comagine Health to determine who qualifies for these services. Comagine Health is also known as OHA's independent qualified agent (IQA). You can contact Comagine Health for yourself or a provider can refer you.

Comagine Health will:

- › Check if you are eligible.
- › Do an assessment.
- › Work with you, your care team and your care coordinator to create a Person-Centered Service Plan that meets your needs, goals and preferences.

The goal is to help you reach positive health outcomes, stability and independence.

Types of services included in HCBS:

Community-based integrated supports and services:

Support independence, helping with daily life and connecting to your community. These services help you to learn or re-learn social and daily living skills and take part in the activities that matter to you.

- › Light housekeeping, cooking, laundry
- › Going to the store, library or events
- › Building daily routines

Psychosocial rehabilitation (PSR)

Support creating daily routines, connecting with others and developing skills to manage your mental health outside of clinical settings.

These services support your recovery and help you take part in home, work or community life.

- › Individual, group or family mental health services
- › Coping and self-regulation skills
- › Recovery-oriented skill development
- › Conflict resolution and problem-solving
- › Social skills and relationship building
- › Planning and managing daily tasks

Personal care in your home:

Support with personal daily activities so you can stay in your home. The amount of help depends on your needs. A personal care attendant (PCA) provides care in your home.

- › Bathing, grooming, dressing
- › Meal preparation and cleanup
- › Medication reminders
- › Walking assistance and getting in/out of chairs or your bed
- › Cognitive supports and safety checks
- › Toileting and incontinence care

Residential rehabilitation:

Twenty-four-hour support in a residential treatment home or facility (not a hospital). Help managing symptoms, getting intensive therapies and building independence with regular support.

- › Medication management
- › Daily living support
- › Mental health recovery services
- › Individual and group skill building
- › Transition planning to return home

You or your provider can contact Comagine Health at:

- › **Phone: 888-416-3184**
- › **TTY/TDD call by dialing 711 and then our phone number: 888 -416-3148**
- › **Fax: 877-575-8309**
- › **Email: ORBHSupport@comagine.org**
- › **Web page: comagine.org/program/oregon-behavioral-health-support/members**

To learn more about Home and Community-Based Services visit:

- › **HCBS 1915(i) web page:**
oregon.gov/oha/hsd/ohp/pages/hcbs.aspx
- › **Or email us at:**
1915i.medicaidpolicy@odhsoha.oregon.gov



3. Care for Kids

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





Care for Kids



Comprehensive and preventive coverage

Coverage is available for members under age 21, and those with Young Adults with Special Health Care Needs (YSHCN) benefits.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program

The Oregon Health Plan now covers children and youth up to age 21, and those with Young Adults with Special Health Care Needs (YSHCN) benefits, for all medically necessary and medically or dentally appropriate care.

This includes:

- › Screenings
- › Checkups
- › Tests and follow-up care
- › Services not covered before such as specialty care, medications and medical equipment

More health care services are covered for this age group than for OHP members older than 21. **OHP members under 21 and those with YSHCN benefits can receive medically necessary and medically (or dentally) appropriate care, which includes:**

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

- › Second opinions (talking to another medical professional about your diagnosis or treatment plan)

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

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

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

- › You can ask your child's providers if they know about the new Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program rules for OHP coverage. Some providers may not have seen the updates yet.
- › If your provider says OHP will not cover something, ask to get this in writing. Your provider cannot refuse care because they think OHP will not cover something without asking OHP if it will be covered.

The notice must tell you:

- › What decision was made and the date it starts
- › The reason for the decision
- › The state rules or federal laws used for the decision
- › How you can appeal (ask for a review of the decision) or ask for a hearing
- › That you can have someone help you (a representative)

The written denial notice will include clear steps for how to appeal the decision. The notice will also explain how to ask for a hearing if you do not agree. Your provider can also help you ask for an appeal or a hearing.



Care for Kids

More information

Your child's doctor, specialist, therapist or other provider(s) will consider your child's needs and medical history to decide what care is covered.

- › **Medically necessary** means care that is required to prevent, find or treat a health condition. It also includes care that supports your child's growth, development and school needs.
- › **Medically (or dentally) appropriate** means that the treatment is safe and works well.

In some cases, the provider will need to submit information to OHA for approval. In these cases, OHA will review to make decisions regarding coverage. When needed, pediatric specialists are consulted to help with this.

Who gets this coverage?

All Oregon Health Plan members under age 21 and those with YSHCN benefits, including:

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

Why is this important?

These services help prevent illness or find signs of illness early so the right treatment can begin. They also help support children and youth with disabilities.

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

Schedule visits for your child at these ages:

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

Ask your child's health care provider if you think they need an assessment or referral to a specialist.



Care for Kids

Things to consider:

- › Prepare for your child's checkups by using the Well Visit Planner, a free tool to focus on your child's needs and goals: wellvisitplanner.org.
- › Talk to an OHP Open Card care coordinator or referral coordinator at your clinic if you need help getting an appointment. These coordinators can also help if your provider is having trouble connecting you with a treatment or service. Call the number on the back of your member card or call Open Card Care Coordination at **800-562-4620**.
 - » American Indian or Alaska Native Open Card members: Call CareOregon at **844-847-9320** for care coordination.
- › If you receive a denial for services, you have a right to request a hearing from OHP.
- › If you need help understanding these processes, call Client Services at **800-273-0557**. You can also work with a trusted OHP community partner from this list: OregonHealthCare.gov/GetHelp.
- › If you are having trouble getting services or have a concern, contact the OHA Ombuds Office at: OHA.OmbudsOffice@odhsoha.oregon.gov or **877-642-0450** (message line only).
- › You can also email the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program at EPSDT.Info@odhsoha.oregon.gov.



More information

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

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

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



Care for Kids



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

What is WIC?

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



WIC improves the health of families by providing:

- › Nutrition education
- › Breastfeeding and lactation support
- › Healthy foods
- › Health screenings and referrals
- › Supplemental baby formula

Interested in applying for WIC? Complete the [WIC Interest Form](#) or contact a [WIC Office](#) near you.

Need a ride to a WIC appointment? OHP can help! See "Transportation" on [page 24](#).



Are you pregnant or do you have a newborn?

The Oregon Health Plan provides coverage for services before, during and after pregnancy, including services for newborn babies.

To qualify for this coverage, be sure to do the following:

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



For help or more information

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

Are you interested in WIC?

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



4. Emergencies

- 35 [Physical health emergencies](#)
- 35 [Behavioral health emergencies](#)
- 36 [Dental health emergencies](#)
- 36 [Out-of-state emergencies](#)





Emergencies

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

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

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

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



Physical health emergencies

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

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

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



Behavioral health emergencies

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

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

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

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

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

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

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

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

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

Veterans can get support by:

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



Emergencies



Dental health emergencies

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

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



Out-of-state emergencies

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





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

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





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



American Indian and Alaska Native Oregon Health Plan (OHP)

members can be enrolled in Open Card

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



CareOregon Tribal Care Coordination for American Indian and Alaska Native (AI/AN) Open Card members

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

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

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

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





6. Help

- 40 [Contact us](#)
- 41 [Care coordination](#)





Help

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

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



Contact us

We want to hear from you if you are unhappy with the Oregon Health Plan (OHP), your provider, or the health services you or a loved one receive.

For example, you can tell us about:

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

Let us know if you have questions about this handbook or your OHP Open Card coverage, or if you have concerns or a complaint about the care you or your loved ones are receiving.

You can contact the Oregon Health Authority using any of the following:

OHP Client Services for help with issues about using care, billing or benefits. Call **800-273-0557** (all relay calls accepted) from 8 a.m. to 5 p.m. Monday through Friday or by email at Ask.OHP@odhsoha.oregon.gov.

- › To share an issue, question, concern or complaint with OHP Client Services, or to request help from OHP Client Services online, go to: OHP.Oregon.gov/CSU.

The Nurse Advice Line can help you after hours. Call **800-562-4620**, 24 hours a day, every day.

ONE Eligibility Customer Service can help you apply, renew or report changes to your OHP. Call **800-699-9075** (all relay calls accepted) from 7 a.m. to 6 p.m. Monday through Friday.

More information about sharing your concerns or complaints can be found here: OHP.Oregon.gov/Complaints.

Oregon Health Authority's Ombuds Program

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

You can reach the OHA Ombuds Program by calling **877-642-0450** (all relay calls accepted). If you do not reach someone, you can leave a message 24 hours a day, seven days a week.

You can send an email to the Ombuds Program at OHA.OmbudsOffice@odhsoha.oregon.gov. Once your call or case has been received, you will be assigned an ombudsperson who will work directly with you until your concern is resolved or your questions are answered.

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

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

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

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

Fax: **503-934-5023**

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



Help



Care coordination

Get help organizing your care with care coordination

Care coordination is a free OHP benefit. It helps all your health care providers work together for you.

All OHP members get care coordination.

You, your providers or someone speaking on your behalf can ask about care coordination at any time, especially if you have new needs or your current needs are not being met. Call **800-562-4620** or go to: ohpcc.acentra.com/member/ to learn more.

How Care Coordination helps you

Care Coordinators can:

- › Explain your OHP benefits and how they work.
- › Connect you to a Nurse Advice Line that is always open.
- › Help you talk with your providers about your health care needs.
- › Give you information so you can make the best choices for your health care.
- › Help you find care that respects and supports your cultural needs.
- › Help you pick a primary care provider (PCP).
- › Help you get care from specialists.
- › Help set up medical appointments and tests.
- › Help set up transportation to your doctor appointments.
- › Connect you with behavioral health services at home, community or in a 24-hour care setting.
- › Help you find behavioral health care or drug/alcohol treatment.
- › Connect you with the right care coordinator if you are not one of our members.
- › Create a care plan with you to meet your needs and goals.

- › Work with your CCO (if you have one) to get services.
- › Help you move your care when you change settings or locations.
- › Help you get the care and resources you need so you feel safe, supported and cared for.

Care plans

You and your care team will decide if you need a care plan. If you do:

- › The care plan is made with you, your providers and your care team.
- › It lists supports and services to help you meet your goals.
- › It includes your medical, dental, cultural, developmental, behavioral and social needs.
- › Your care plan will be updated at least once a year. It can also be updated sooner if your needs change, or if you ask for a review.
- › You, your representative and your providers will each get a copy of your care plan.
- › You, your representative or provider can ask for a copy of your care plan or request to create one.
Call: **800-562-4620**
Email: ORCM@acentra.com

You can reach the Care Coordination line Monday through Friday, 8 a.m. to 5 p.m., at **800-562-4620**.

OHP Open Card will tell you who your care coordinator is. If it changes, they will call you and send you a letter.



7. Your Rights

- 43 [Health care records](#)
- 47 [How to report fraud](#)
- 48 [How to recognize and report abuse, neglect and exploitation](#)





Your Rights

As an OHP Open Card member, you have specific rights. Learn more about OHP member rights at [OHP.Oregon.gov/Rights](https://www.oregon.gov/ohp/About/MemberRights.aspx). You have the right to:

- › Safe non-emergency medical transportation (NEMT) for your medical appointments.
- › Be treated with dignity and respect, the same as other patients.
- › Have written materials explained in a manner that is understandable.
- › Written materials in other languages, braille, large print, audio or other formats.
- › Choose your health care providers.
- › Tell your provider about all your health concerns.
- › Have a friend or helper come to your appointments.
- › Free help from an OHA certified or qualified health care interpreter in your language at all your medical appointments.
- › Get information on all your covered and non-covered treatment options.
- › Help make decisions about your health care, including refusing treatment.
- › Not have people hold you down or keep you away from others as a way to:
 - › Make you do something you don't want to do.
 - › Make caring for you easier for your providers.
 - › Punish you for something you said or did.
- › A referral or second opinion, if you need it.
- › Get care when you need it, any time of day or night.
- › Behavioral health (mental health and substance use disorder treatment) and family planning services without a referral.
- › Help with addiction to cigarettes, alcohol and drugs without a referral.
- › Get handbooks and letters you can understand.
- › See and get a copy of your health records, unless restricted by law.

- › Limit who can see your health records.
- › A notice if you are denied a service or your service level changes.
- › Information and help to appeal and get a hearing for service or prior authorization denials.
- › Make complaints and get a response without bad treatment from your plan or provider.
- › Free help from the OHA Ombuds Program. See Ombuds Program on [page 40](#) for more information.



Health care records

Keep your records private

You have the right to keep your health records private. The Health Insurance Portability and Accountability Act, commonly known as HIPAA, is a law that protects your health care records and keeps them private. This is called “confidentiality.”

A paper called “Notice of Privacy Practices” explains how your personal information is used and your rights to privacy. To get a copy of this paper, call OHP Client Services at 800-273-0557 (all relay calls accepted). You can find this notice on [page 67](#) or online at sharedsystems.dhsosha.state.or.us/DHSForms/Served/me2090.pdf.

Get a copy of your records

You have the right to update and get copies of medical records from all your health care providers. Please contact your provider directly to get copies. Your providers may charge a reasonable fee for copies.

Make choices about your health care

You have the right to make choices about your care. You can sign documents that tell health care providers what kinds of care you do and do not want. You can also sign documents that name people to make decisions for you if you cannot.



Your Rights

These are three kinds of documents you can sign:

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

If you have questions, contact your care coordinator: **800-562-4620**.

Rights of minors (under age 18)

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

Ask for an appeal from your CCO

If you receive a notice denying a benefit and you are in a coordinated care organization (CCO), you must first appeal the denial with your CCO within 60 days from the date on the notice of denial: OHP.Oregon.gov/CCO-Contacts.

You have the right to have a family member, friend, community organization, outreach worker, health care provider or advocate help you with your CCO appeal.

For more information about appeals, please visit the OHP Appeals and Hearings website: oregon.gov/oha/hsd/ohp/pages/appeals-hearings.aspx.

If you disagree with the CCO appeal decision, then you have the right to ask the Oregon Health Authority (OHA) for a hearing within 120 days.

Ask for an Oregon Health Authority (OHA) hearing

You have the right to request a free OHA hearing:

- › You have 60 days to request a hearing on any decision about whether you qualify for benefits.
- › If you are an OHP Open Card member and you receive a notice denying a benefit, you have 60 days from the date on the notice of denial to request an OHA hearing.
- › If you are in a CCO and you disagree with the CCO appeal decision, then you have the right to an OHA hearing. You have 120 days from the date of the CCO appeal denial to request an OHA hearing.

You have the right to have a family member, friend, community organization, outreach worker, health care provider or advocate help you with the OHA hearing.

Everyone is encouraged to submit an OHA hearing request. However, it is not guaranteed that all hearing requests received will proceed to hearing.

For more information about appeals, please visit the OHP Appeals and Hearings website: oregon.gov/oha/hsd/ohp/pages/appeals-hearings.aspx.



Your Rights

Ways to ask for a hearing

1. Online form: OHP Open Card members can complete and submit the online form for hearing requests: bit.ly/ohp-hearing-form.

- › Help is available to fill out this form. Go to an Oregon Department of Human Services (ODHS) office: ODHSoffices.Oregon.gov.
- › Call OHP Client Services at **800-273-0557** (all relay calls accepted).

2. Fill out page 1 of [Form MSC 443 Administrative Hearing Request](#).

- › You can find this form in Appendix B ([page 64](#)).

3. Fill out pages 3 and 4 of [Form OHP 3302 Request to Review a Health Care Decision](#).

- › Select the Hearing request option under type of request. You can find this form in Appendix C ([page 65](#)).

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

Mail: OHA-Medical Hearing

500 Summer St. NE, E49, Salem, OR 97301-1077

Fax: 503-945-6035

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

If you need a fast (expedited) hearing

If you and your provider think you have an urgent medical problem that cannot wait for a regular state hearing, you can ask for a faster hearing.

- › On the online form (bit.ly/ohp-hearing-form), select “Yes” for question D in the section titled “Tell us about the request.”
- › On [form MSC 443](#), check the expedited hearing box under the description of why you disagree with the decision.
- › On [form OHP 3302](#), go to question 9 and select the checkbox “Yes.”

- › You can also fax forms MSC 443 or OHP 3302 to the OHP Hearing Unit at **503-945-6035**.

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

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

Asking for continued services

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

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

What happens at a hearing?

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



Your Rights

OHA Ombuds Program

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

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

Online: OHP.Oregon.gov/Ombuds

Fax: **503-934-5023**

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

The OHA Ombuds Program is explained in more detail in the “Your Rights” section of the handbook on [page 40](#).

OHA's Language Access and Nondiscrimination Policies

If you use a language other than English, have a disability or need other support, you have a right to free help.

OHA and all your Medicaid providers will talk with you to provide reasonable changes (called “modifications”) to make sure you can fully participate and access medical services. Some examples of the free help are:

- › Sign language and spoken language interpreters
- › Written materials in other languages
- › Braille
- › Large print
- › Audio and other formats

Civil Rights and Americans with Disabilities Act (ADA) Protections

The Oregon Health Authority must comply with state and federal civil rights laws. These civil rights laws provide all OHP members with protections against discrimination based on the OHP member’s protected class status.

Protected class status is a legal term that means a group of people protected from discrimination by law. For a list of all the civil rights laws and regulations that OHA must comply with and to review OHA’s nondiscrimination policy, please visit OHA’s Public Civil Rights Page: oregon.gov/oha/EI/Pages/Public-Civil-Rights.aspx.

Currently there are state and federal laws protecting OHP members from being discriminated against because of age, color, disability, gender identity, language, marital status, national origin, pregnancy, race, religion, sex, sexual orientation or other class protected by law.

Civil rights protections give you the right to ask for reasonable changes, sometimes called modifications, from your OHP provider, CCO or OHA to help you get covered health care. Some examples of the types of modifications include but are not limited to: sign language and spoken language interpreters, reasonable changes to policies or procedures, written materials in other languages, braille and large print.

If your OHP provider will not give you a modification, please call your CCO (if you are a CCO member) or OHP Client Services at **800-273-0557** (all relay calls accepted).

You can also file a complaint if you do not get the help you



Your Rights

requested by contacting the OHA Civil Rights Unit.

Web: oregon.gov/OHA/EI

Email: OHA.PublicCivilRights@odhsoha.oregon.gov

Phone: **844-882-7889, 711** TTY

Mail: Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

You have the right to file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights within 180 days of the alleged discrimination.

Web: www.hhs.gov

Email: ocrmail@hhs.gov

Phone: **800-368-1019, 800-537-7697** (TDD)

Mail: 200 Independence Ave., SW, Room 509F HHH Bldg., Washington, D.C. 20201



How to report fraud

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

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

To report fraud by a health care provider:

Provider Audit Unit

P.O. Box 14152

3406 Cherry Avenue NE

Salem, OR 97309-9965

Email: opi.referrals@oha.oregon.gov

Phone: **888-372-8301**

Fax: **503-378-2577**

To report fraud by an OHP Open Card member:

ODHS Investigations Unit

P.O. Box 14150

Salem, OR 97309

Phone: **888-372-8301**

Fax: **503-373-1525**

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



Your Rights



How to recognize and report abuse, neglect and exploitation

It's important to know about abuse, neglect and exploitation. You might have it happen to you or notice it happen to someone else.

Examples:

- › Physical harm or injury
- › Not providing basic care
- › Taking money or things without permission
- › Verbal or emotional abuse
- › Keeping someone alone against their will
- › Wrongful restraint (holding someone down or tying them up inappropriately)
- › Unwanted sexual contact
- › Self-neglect
- › Abandonment by a caregiver

Warning signs can include:

- › Bruises or unexplained injuries
- › Big changes in behavior
- › Verbal or physical threats
- › Being left alone too much or forced into isolation (self or involuntary isolation)
- › Self-neglect (not taking care of one's own basic needs)

What you should know:

- › Abuse is never the fault of the person being abused
- › Anyone can and should report abuse if they see it or suspect it

Who to call:

Oregon abuse reports: 855-503-SAFE (7233)

Office of Training, Investigations and Safety (OTIS):
866-406-4287

For residential facilities (RFO): Ombudsman: 844-674-4567 [RFO website: oltco.org/rfo/about-us](http://oltco.org/rfo/about-us)

For non-residential care: Oregon Health Authority
Ombudsman: 877-642-0450 oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx

Individual local community mental health programs
(CMHP): [Click here to find your local CMHP: oregon.gov/oha/hsd/amh/pages/cmh-programs.aspx](http://oregon.gov/oha/hsd/amh/pages/cmh-programs.aspx)



8. Your Responsibilities





Your Responsibilities

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

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

As an OHP Open Card member, you agree to:

Read all mail from OHA

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

Visit and engage with your health care providers

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

Report changes

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

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



Your Responsibilities

You can report changes:

› By phone

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

› In person

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

› Online

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

› By mail or fax

- » **Report an address change by completing the [Address Change Form](#):** sharedsystems.dhsoha.state.or.us/DHSForms/Served/se0400.pdf.
- » **This form is also available in:**
 - **Spanish:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/ss0400.doc
 - **Spanish large print:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sx0400.doc
 - **Russian:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sr0400.doc
 - **Vietnamese:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sv0400.doc
 - **English large print:** sharedsystems.dhsoha.state.or.us/DHSForms/Served/sw0400.pdf

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

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

» This form is also available in:

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

» Mail your completed form to:

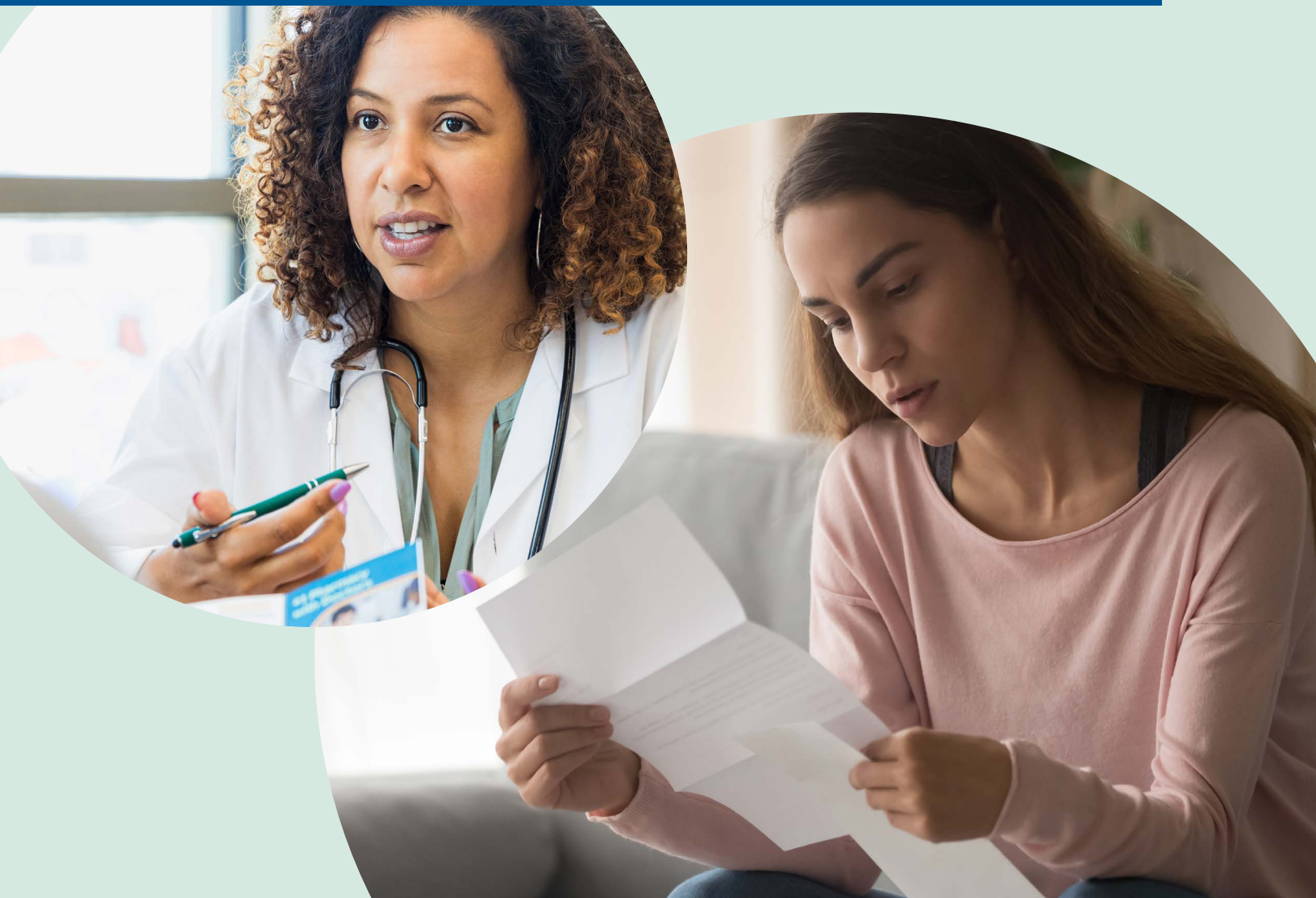
Open Card OHP
P.O. Box 14015
Salem, OR 97309-5032

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

- › **Note:** If you qualify for Open Card OHP Plus benefits but want to enroll in private health insurance coverage, known as a qualified health plan (QHP), at HealthCare.gov:
 - » Canceling your Open Card OHP does not mean that you no longer qualify for Open Card OHP Plus.
 - » As long as you qualify for Open Card OHP Plus, you will not qualify for financial help to pay for the QHP's monthly premium. You would need to pay full cost.



9. Glossary





Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Glossary

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

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

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

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

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

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

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

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

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

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

Hospital care: Medical care provided in a hospital.

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

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

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

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

Medically appropriate: Treatment that is safe and effective.

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

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

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

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

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



Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

Physician services: Services you get from a doctor.

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

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

Premium: What a person pays for insurance.

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

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

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



Glossary

Primary care provider or primary care physician (PCP):

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

Prior authorization (also called pre-approval):

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

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

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

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

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

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

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

Skilled nursing care: Help from a nurse with wound care, therapy or taking your medicine. You can get skilled nursing care in a hospital, nursing home or your own home.

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

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

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

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

Young Adults with Special Health Care Needs: In 2026 this benefit applies to young adults, 19-20 years old, with other qualifying factors. The benefit includes Early and Periodic Screening, Diagnostic and Treatment (EPSDT), more vision and dental benefits, and access to Health-Related Social Needs (HRSN) benefits.



10. Appendix

- 58 [A. More information about rides](#)
- 64 [B. Administrative Hearing Request MSC 443 Form](#)
- 65 [C. Request to Review a Health Care Decision
OHP 3302 Form](#)
- 67 [D. Notice of Privacy Practices](#)





Appendix

A. More information about NEMT trips

The “Transportation” section of this handbook explains how to get transportation to health care services covered by OHP Open Card. This appendix provides more details. For more information, you can go to: [OHP.Oregon.Gov/Rides](https://www.ohp.org.gov/Rides).

How to schedule a trip

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

- › Give your legal first and last name, Medicaid ID number, date of birth, and your home address and phone number. This will help confirm that you are eligible for services with the NEMT company that you called.
- › Tell the scheduler what your appointment is for. They will confirm it is an OHP-covered service.
- › Ask that your spoken or sign language be used while scheduling your trip, if needed.
- › Ask for help to figure out what type of transportation best fits your abilities.
- › Provide details:
 - » Pickup address and drop-off address
 - » Appointment date, start time and end time of your appointment
- › Tell the scheduler if you need a seat-belt extender, or if you are traveling with a personal care attendant or minor that needs one.
 - » If your appointment is for a minor: Children 12 or under must travel with an adult (18 or older).
 - » Children under age 8, under 40 pounds, or shorter than 4-foot-9 must use a car or booster seat. Parents or guardians need to bring the seat, put it in and take it out, and keep it with them during the appointment.
- › Alert the trip scheduler if a personal care attendant is traveling with you.
 - » A personal care attendant may travel with the member if they are providing the following for the member:
 - If the member is a minor child over the age of 12 and unable to travel without an attendant
 - If the member is mentally or physically unable to attend their appointment without physical or verbal help
 - If the member is unable to return home from their appointment without support from an additional adult
- › Let the trip scheduler know if you need to stop at a pharmacy. If your doctor gives you a new prescription during your appointment, call the NEMT company and ask for a pharmacy stop.
 - » Please note: Not all schedules allow for pharmacy stops. If possible, ask your provider to mail prescriptions to you.
- › You can schedule rides up to 90 days in advance.
- › You can also schedule more than one appointment in one call.

Driving yourself or with someone you know

You may drive yourself or have someone you know drive you to your appointments.

When you call the NEMT company, you can talk about driving your own car or getting a ride from someone you know. The company does not set up drivers for these kinds of trips.

If the OHP Open Card member is under 16, the driver must be a parent, guardian or someone the parent or legal guardian authorizes.



Appendix

How to get reimbursed for miles driven

If you drive yourself or someone you know drives you, you may get \$0.49 per mile.

Steps to get reimbursed:

1. Call your county's NEMT company before your appointment to register the trip.
2. Fill out a reimbursement form or trip log that shows the appointment date(s).
3. Have clinic staff sign the form to confirm you were seen.
4. Return the form/log to the NEMT company within 45 days of your first trip.
 - » If the form is late, the NEMT company will deny reimbursement.

Meals and lodging:

If your appointment for a covered health service is **outside your local area**, takes four or more hours round trip and your travel happens during the times below, you may qualify to get reimbursed for **meals and/or lodging**.

Meal rates and times:

- › **Breakfast – \$9** (if travel begins before 6 a.m.)
- › **Lunch – \$10** (if travel includes 11:30 a.m. to 1:30 p.m.)
- › **Dinner – \$15** (if travel ends after 6:30 p.m.)

An OHP Open Card member and one attendant can each be reimbursed up to \$34 per day for meals.

Lodging

You may get reimbursed for lodging if:

- › You would need to leave before 5 a.m. to arrive on time for your appointment.
- › You would get home after 9 p.m. after your appointment ends.
- › Your health provider says it is medically necessary to stay overnight.
- › Your NEMT company decides your situation requires lodging.

Rates:

- › **\$110 per night** for the OHP Open Card member.
- › **\$110 per night** for one attendant (if there is a medical need to stay in a separate room).

You cannot be reimbursed for lodging on different days if those appointments could all have been scheduled on the same day.

The NEMT company will tell you what documents they need. They may wait to pay until the total owed is **\$10 or more**.

Overpayments

If the NEMT company pays you too much for miles, meals or lodging, you may need to pay it back. Examples:

- › You didn't go to your appointment but were paid.
- › You shared a ride with another OHP Open Card member and you both were paid for the same miles.
- › You got a bus pass or ticket but sold or gave it to someone else.



Appendix

Using public transportation

If you already use the bus or another public transit system:

- › NEMT may provide a bus ticket or pass instead of a car ride.
- › When scheduling, tell the NEMT company if you live close to a transit stop and can safely use it to get to appointments.
- › If you cannot use transit by yourself, a personal care attendant can get a bus ticket or pass to assist you.

You may not be able to use public transportation if:

- › The nearest bus stop is several miles away and you cannot walk there.
- › You are unable to understand how to use public transit.
- › You have a contagious disease that could spread to others.

Secure transportation

If a member is in danger of harming themselves and/or others, secure transport might be offered when:

- › Transport is to a Medicaid-enrolled clinic that can treat the medical or behavioral care of the member in crisis.
- › The member is an adult and has been put on a peace officer hold, health officer hold or county mental health hold.
- › The member is a minor (age 17 or younger), and the parent or guardian has given permission for the member to go by secure transport.

These types of transports restrict the member from being able to ask to leave the vehicle. Restraints may also be used if there are signs the member may harm themselves or others.

Changing or cancelling a trip

If you need to cancel or reschedule a trip:

- › Call your NEMT company at least two hours before your pickup time.
- › If it is after business hours, leave a clear and detailed voicemail message.

Non-emergency medical transportation (NEMT) companies

Phone numbers for local transportation companies are on [page 40](#).

Getting picked up and dropped off

If the NEMT company arranges a driver for you:

- › You will get the driver's name and phone number before your appointment.
- › If the ride was scheduled more than 48 hours in advance, the NEMT company will contact you at least two days before your ride. The driver will arrive during a pickup time window (not an exact minute). This allows for traffic, construction or shared rides with other passengers.

What to expect at pickup

- › The driver will wait up to 15 minutes after your scheduled pickup time.
Example: If your ride is scheduled for 10 a.m., the driver will wait until 10:15 a.m. After that, they will leave. If the driver has not arrived within 15 minutes after your pickup time, call the NEMT company.
- › The driver will drop you off at least 15 minutes before your appointment starts.

Important: If you miss your rides often ("no shows"), it may be harder to schedule rides in the future.



Appendix

First and last appointments of the day

First appointment of the day: The driver will drop you off no more than 15 minutes before the office opens.

Last appointment of the day: The driver will pick you up no later than 15 minutes after the office closes (unless your appointment is expected to run longer).

If you want a different pickup or drop-off time, you must ask when you schedule your ride. The scheduler will let you know if the change could make you late to your appointment.

Return trips (if you do not schedule a pickup time)

- › If you do not set a return pickup time when you schedule, you must call the NEMT company when you are ready to go home.
- › A driver will arrive as soon as possible after you call.

If your ride request is denied

- › If the NEMT company cannot provide a ride, they will call to let you know. A written notice will be mailed to you within 72 hours of the denial. If you disagree, you can appeal or request a hearing. Learn more about how to appeal or request a hearing on [pages 45–46](#).

If you get a bill for a ride

- › Rides to covered services are always at no cost to the member.
- › If you get a bill from the NEMT company, call OHP Client Services at **800-273-0557** (all relay calls accepted).

Safety requirements

Driver safety requirements

All NEMT drivers must have:

- › A valid Oregon DMV-issued driver's license
- › Passed a criminal background check at the time of hire

All NEMT drivers are required to have completed the following trainings:

- › National Safety Council Defensive Driving course within six months of the date of hire and every three years after that
- › Red Cross-approved CPR training within six months of the date of hire and maintain certification while an active NEMT driver
- › Passenger Service and Safety course within six months of hire and every three years after that
- › The NEMT benefit
- › Reporting forms used by the NEMT company
- › Vehicle operation
- › Requirements for reporting suspected fraud, waste and abuse

Vehicle safety requirements

All NEMT vehicles must have:

- › A first aid kit
- › A fire extinguisher
- › Roadside warning devices
- › A flashlight
- › Tire traction devices for bad weather
- › One-time-use gloves
- › Side and rear view mirrors
- › A working car horn
- › Working turn signals
- › Working headlights and taillights
- › Working windshield wipers



Appendix

All NEMT vehicles must be clean and free of debris that could make a member's ride uncomfortable. Smoking, aerosolizing or vaporizing of inhalants is prohibited in the vehicle at all times by both drivers and passengers.

Seat belts

- › By law, everyone must wear a seat belt or other restraint device while in a moving vehicle.
- › If you or anyone traveling with you needs a seat-belt extender, tell the NEMT company when you schedule your ride.

Wheelchairs, scooters and mobility aids for driver provided rides:

When you schedule your ride, tell the NEMT company if you use:

- › A wheelchair (manual or power), scooter or other mobility aid
- › An oversized wheelchair, which means any of the following:
 - » More than 30 inches wide
 - » More than 48 inches long
 - » Weighs more than 600 pounds with you in it

This is to make sure that the right vehicle is scheduled for you.

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

Other important points:

- › **Three-wheeled scooters** are hard to secure in vehicles. For your safety, you may be asked to sit in a vehicle seat and buckle in. This is not required.
- › **Walkers and canes** can be safely stowed once you are seated. The driver can help secure them.
- › **Oxygen tanks** must be placed in a secure carrier.
- › **Attendants:** If you need more help than the driver can provide, you must arrange for an attendant to come with you. An attendant can be a friend, family member or guardian. The attendant can also be anyone 18 years or older authorized by you, your parent or guardian. An attendant cannot be a minor child.

Important

Children who do not have appointments of their own may not be able to travel with a parent or guardian who has an appointment for themselves.

- › Children 12 or younger must have an attendant.
- › Anyone with special physical or developmental needs may also be required to have an attendant. Attendant must be one of the following:
 - » Member's mother, father, stepmother, stepfather, grandparent or guardian
 - » Another adult relative
 - » An adult identified in writing by the parent or guardian as an attendant
 - » A volunteer or employee of the Oregon Department of Human Services

Teens:

- › Children **13 or older** do not need an attendant, but one adult may still ride for free until the child is **18 years old**.
- › Many health care providers require an adult's signature for treatment of anyone under 18.



Appendix

Your rights and responsibilities as a rider

You have the right to:

- › Get a safe and reliable ride that meets your needs.
- › Be treated with respect.
- › Ask for interpretation services when talking to customer service.
- › Get materials in a language or format you can understand.
- › Get a written notice if a ride is denied.
- › Ask for an appeal or a hearing if you feel a ride was unfairly denied.
- › Make a complaint at any time, such as:
 - » Concerns about vehicle safety
 - » A rude driver
 - » A ride not provided as planned
 - » Any rights not being met

Your responsibilities are to:

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



Appendix

B. Administrative Hearing Request MSC 443 Form

To request a hearing, you can print and fill out the form in black or blue ink, or follow [this link](#) to fill in the digital version and then print it. You can also use the [online version](#) to complete this request. Details on how to submit the print form are on [page 45](#).



Administrative Hearing Request



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

Claimant or claimant's representative completes this part

Is claimant English speaking? ☐ Yes ☐ No

If "no," claimant's preferred language:

Do you want your hearing documents in an alternate format? ☐ Yes ☐ No

If "yes," please specify type of alternate format:

The administrative law judge may conduct the hearing by phone. You may be at the branch or another place. Do you need a reasonable accommodation to participate?

☐ Yes ☐ No If "yes," please specify:

Claimant's name:	Telephone number:	Message number:	Email address (optional):
	- -	- -	

Address:	City:	State:	ZIP code:
----------	-------	--------	-----------

Name of lawyer or representative:	Email address (optional):	Telephone number:
		- -

Address:	City:	State:	ZIP code:
----------	-------	--------	-----------

I am asking for a hearing because I do not agree with the decision to ☐ Close ☐ Reduce my benefits

☐ Deny ☐ Charge me with an overpayment ☐ Other:

☐ I did ☐ I did not (*choose one*) receive a written notice to deny my application or to reduce or close my benefits. **Date of the notice:** / /

Hearing requested for:

☐ SNAP (*Food benefits*) ☐ Child care ☐ TANF (*Cash benefits*) ☐ Other:

☐ Long-term care ☐ Domestic violence ☐ Medical program ☐ Medical service (*procedure or medicine*)

Briefly explain why you disagree.

Please read "part 3" on the back of this form for information about expedited hearings.

Check this box if you meet the requirements for an expedited hearing. ☐

Before you answer this question, please read "part 2" on the back of this form.

Do you want your benefits to stay the same (*not be reduced or stopped*) while you wait for the hearing?

☐ Yes ☐ No (**Note:** Your benefits may change if something else happens that affects the benefit.)

I understand I will be asked to have an informal conference with an agency representative.

Claimant's signature (*or claimant's representative*): Claimant's Social Security or case number*: Date:

x - - / /

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

DHS/OHA completes this part

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

MSC 0443 (12/18)



Appendix

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

To request a review of a health care decision, you can print and fill out the form in black or blue ink, or follow [this link](#) to access the form. You can access the [online form](#) to complete this request. Details on how to submit the print form are on [page 45](#).



Agency Use Only		
Program	Branch	Case Number

Request to review a health care decision

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

Send appeal requests to:

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

Send hearing requests to:

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

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

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

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

Tell us about the member who received the service denial:

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

Do you need written material in another format? ☐ Yes ☐ No

If yes, please specify:

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

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

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

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

3. Name: _____ Phone number: _____
4. Relationship to member: _____



Appendix

Tell us about the request:

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

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

- ☐ Yes. Notice date: _____
- ☐ No

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

- ☐ Yes
- ☐ No

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

- ☐ Yes (*before checking this box, read the Continuing Services section on page 2*)
- ☐ No
- ☐ Does not apply: Member was not getting the service(s) before the denial.

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

- ☐ No
- ☐ Yes. *Please explain how waiting may harm the member.*

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

Member signature (required for appeal requests):

Signature of member or member's legal representative

Date



Appendix

D. Notice of Privacy Practices

Oregon
Health
Authority

MEDICAL ASSISTANCE AND
PREMIUM ASSISTANCE PROGRAMS

500 Summer St. NE, E-24 Salem, OR 97301

Phone: 503-945-5780

Email: dhs.privacyhelp@state.or.us

www.oregon.gov/OHA/Pages/index.aspx

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

» **See page 2** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

» **See page 3** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

» **See pages 3 and 4** for more information on these choices and how to exercise them



Appendix

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



Appendix

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.



Appendix

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a court order.

- OHA may use or release protected health information (PHI) from enrollment forms to help determine what programs you are eligible for or what kind of coverage you should receive.
- OHA follows the requirements of federal and state privacy laws, including laws about drug and alcohol abuse and treatment and mental health conditions and treatment.
- OHA may use or release substance abuse records if the person or business receiving the records only has a specialized agreement with OHA.
- If OHA releases information to someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone else without your approval.



Appendix

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Approved by Suzanne Hoffman, COO 2-14-2014

This Notice of Privacy Practices applies to the Oregon Health Authority and its business associates, including the Oregon Department of Human Services.

To use any of the privacy rights listed above you can contact your local OHA office.

To request this notice in another language, large print, Braille or other format call 503 -378-3486, Fax 503-373-7690 or TTY 503-378-3523. It is available in English and translated into Spanish, Russian, Vietnamese, Somali, Arabic, Burmese, Bosnian, Cambodian, Korean, Laotian, Portuguese, Chinese, large print, and Braille.

OREGON HEALTH AUTHORITY

Privacy Officer, 500 Summer Street NE, E-24,
Salem, OR 97301

Email: dhs.privacyhelp@state.or.us

Phone: 503-945-5780

Fax: 503-947-5396

Oregon Health Plan Open Card Member Handbook

Quick reference contacts

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

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

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

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

Care Coordination **800-562-4620**
(all relay calls accepted)

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

Nurse Advice Line **800-562-4620**

If you need advice from a nurse

Local Help oregonhealthcare.gov/gethelp

If you would like free help from a local community partner

Emergencies

If you have a physical or dental health emergency **911**

If you have a behavioral health emergency **988**

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

This version of the Open Card Handbook is accurate as of its publication date of December 2026.

A current PDF version of this handbook is available online at OHP.Oregon.gov.