

# Member Handbook And Provider Directory



Western Oregon Advanced Health

A Coordinated Care Organization

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**Western Oregon Advanced Health, LLC.**

Office Address: 186 N. 8<sup>th</sup> Street, Coos Bay, OR 97420

Mailing Address: PO Box 1096 • Coos Bay, OR 97420

Local Phone: 1-541-269-7400

Toll Free: 1-800-264-0014

TTY: 1-877-769-7400

Fax: 1-541-269-2052

*Monday-Friday, 8:00am-5:00pm*

*Closed 12:30pm-1:30pm for lunch*

APPROVED AS EDITED BY CAROL SIMILA, DMAP, 11/14/2012

v.07.19.12

## IMPORTANT NOTICE

### *English*

If you need help in understanding the information in this document, please call your Customer Service Team at 1-800-264-0014, or 1-541-269-7400, or for hearing impaired (TTY) call 1-877-769-7400.

### *Hindi*

यदि आपको इस दस्तावेज में दी गई जानकारी को समझने में मदद चाहिए, कृपया अपनी कस्टमर सर्विस टीम से 1-800-264-0014 अथवा 1-541-269-7400 या बधिर लोगों(TTY) के लिए 1-877-769-7400 पर कॉल करें।

### *Chinese Mandarin (Traditional Characters)*

如果您了解本文件中的資訊時需要幫助，請撥打 1-800-264-0014 或 1-541-269-7400，與客服部聯絡，或者撥打 TTY 聽障專線 1-877-769-7400。

### *Vietnamese*

Nếu quý vị cần giúp đỡ để hiểu rõ thông tin trong tài liệu này, xin gọi Toán Dịch vụ Khách hàng của quý vị ở số 1-800-264-0014, hoặc 1-541-269-7400, những người bị khiếm thính (TTY) xin gọi 1-877-769-7400.

### *Spanish*

Si usted necesita ayuda para entender la información en este documento, por favor llame su de Servicio de cliente al 1-800-264-0014, o 1-541-269-7400, o teleescritor (TTY): 1-877-769-7400

### *Russian*

Если Вы нуждаетесь в помощи в понимании информации в этом документе, пожалуйста телефонируйте нам в 1-800-264-0014, или 1-541-269-7400, или TTY: 1-877-769-7400

## **INTERPRETER SERVICES**

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If you need an interpreter for a doctor's visit or to help with questions, please contact the WOAHA Customer Service Team at **1-541-269-7400 or 1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**. Interpreters can be available either by telephone or in person. This includes sign interpreters for the hearing impaired.

## **ALTERNATIVE FORMAT**

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We would be happy to provide this WOAHA OHP Handbook, forms, or other informational materials in another form, such as:

- Other language
- Large Print
- Computer disk
- Braille
- Audio Tape
- Oral presentation

Please call our Customer Service Team at **1-541-269-7400 or 1-800-264-0014** to request the format you need. For TTY services (hearing impaired), please call **1-877-769-7400**. The Language Line is accessed through the office, pharmacy, clinic or hospital that you are calling. An interpreter will be contacted to assist you with any questions you may have.

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## Member Handbook

### **WELCOME!**

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Western Oregon Advanced Health (WOAH) is your Coordinated Care Organization which provides your Oregon Health Plan benefits. We cover Oregon Health Plan members who live in Coos and Curry counties. You may have previously known us as DOCS and we have been working closely with the State's health care plan since 1994.

The health care you receive is important to WOAH. Our goal is to provide you with a health plan that meets your needs. We want you to get the best care possible. One way we try to do that is ask our providers to be recognized by the Oregon Health Authority as a Patient-centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely, and make sure all their medical and mental health needs are met. You can ask at your clinic or provider's office if it is a PCPCH.

CCO's (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) wants OHP members to have their health care managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the health care services they need. In some parts of Oregon, most OHP members must receive managed medical and dental care. Our office is located in Coos Bay, Oregon. Any questions that you have about benefits or claims payment are handled right here locally.

To ensure that you receive the most out of your membership with WOAH, we encourage you to take a few moments to read this handbook.

### **WHAT IS THE OREGON HEALTH PLAN (OHP)?**

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The Oregon Health Plan (OHP) is a program that pays for low – income Oregonians' health care. The State of Oregon and US Government's Medicaid program pay for it. It covers different groups of services, called *benefit packages*:

OHP Plus is for pregnant women, children 18 years old and under, and people with disabilities of any age. It covers doctor visits, prescriptions, hospital stays, dental care, mental health services, and help with addiction to cigarettes, alcohol and drugs. OHP Plus can provide glasses, hearing aids, medical equipment, home health care, and transportation to health care appointments.

OHP Standard is for Oregon residents who are older than 18. It covers doctor visits, prescriptions, emergencies, mental health services, and help with addiction to cigarettes, alcohol and drugs. Some people who have OHP Standard pay a monthly charge, called a premium, for it.

*The State of Oregon sends The Client Handbook for the Oregon Health Plan to members that request it. Your Client Handbook gives you important information about:*

- *Covered and non-covered medical services*
- *Required Copayments (if they apply)*
- *Dental Plan information*
- *Mental Health Plan information*
- *Your rights and responsibilities as a member*
- *Solving problems and the complaint process*

You may ask for a copy by calling 800-273-0557, TTY 711.

## **IF I HAVE QUESTIONS ABOUT THE OREGON HEALTH PLAN (OHP)**

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### **WHEN DO I CALL THE WESTERN OREGON ADVANCED HEALTH PLAN (WOAH)?**

WOAH wants to make sure you receive the services you need. **Our Customer Service Team is available Monday through Friday, from 8:00 am to 5:00 pm, to answer your calls. The office is closed for lunch from 12:30 pm to 1:30 pm.** The office is located at: 186 N. 8<sup>th</sup> Street, Coos Bay, Oregon 97420 and has accommodations for members with disabilities.

Please feel free to contact our Customer Service Team:

- If you want to change your Primary Care Provider (PCP), or need help finding a PCP
- If you want to find out which hospital, pharmacy, or vision provider to use
- If you have questions about a claim
- If you get or lose other health insurance
- If you have been in an accident, (motor vehicle, workers comp, falls in a store, etc.)
- If you have questions about your benefits (what is covered and what is not)
- If you need help getting special help for a disability
- If you need to know how and when to use emergency services
- If you need an interpreter for a medical appointment
- If you have a complaint or want to file an appeal about your medical coverage

For these questions or others, please contact WOAH Customer Service Team at **1-541-269-7400 or 1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**.

### **WHEN DO I CALL MY CASEWORKER?**

- If you have recently moved
- If you get pregnant or have recently had a baby
- If you have questions about your eligibility
- If you need transportation to or from a health care appointment
- If you have not received your Division of Medical Assistance Programs (DMAP) Medical Care ID
- If you have lost your DMAP Medical Care ID card
- If you have family members move in or out of your home

- If you become eligible for health insurance through an employer
- If you get or lose other health insurance
- If you become disabled or determined eligible for SSI
- If you want to request a hearing

Your caseworker’s identification and telephone number are on your DMAP Medical Care ID. The OHP Central Branch office’s phone number is **1-800- 699-9075**. For TTY services (hearing impaired), please call **1-503-373-7800**.

**WHOM DO I CALL FOR DENTAL AND MENTAL HEALTH SERVICES?** Call the dental care organization (DCO) or mental health organization (MHO) listed on your DHS coverage letter.

### **IMPORTANT PHONE NUMBERS**

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<b>WOAH Customer Service</b>	1-541-269-7400 1-800-264-0014 1-877-769-7400 TTY
<b>WOAH Access Nurse</b> WOAH’s Exceptional Needs Care Coordinator	1-888-647-3627 1-541-269-7400
<b>OHP Central Office (Salem)</b> *To report a pregnancy, add a newborn to OHP, To change your address or phone number, or take someone off of your OHP.	1-800-699-9075 1-503-373-7800 TTY or 1-800-735-1232 TTY
<b>Oregon Health Plan Premium Billing Office</b> If you have questions about your premium bill.	1-888-647-2729 1-503-282-3001 1-800-735-2900 TTY
<b>To check status of your OHP application</b>	1-800-943-9249 1-503-373-0354 TTY
<b>DMAP Client Services Unit (CSU)</b>	1-800-273-0557 1-503-945-6898 FAX 1-800-375-2863 TTY
<b>OHA Ombudsperson</b>	<b>503-947-2347</b>
<b>Governor’s Advocacy Office</b>	1-800-442-5238
<b>ADAPT Drug &amp; Alcohol Treatment</b>	1-541-751-0357
<b>Curry Co. Human Services for Drug &amp; Alcohol Treatment</b>	1-541-247-4082
<b>Advantage Dental Plan</b>	1-866-268-9631
<b>Coos County Health Department</b>	1-541-756-2020 ext. 510
<b>Curry Co. Public Health Department</b>	1-541-247-3300
<b>Coos County Mental Health</b>	1-541-751-2400
<b>Emergency/Fire</b>	<b>9-1-1</b>
<b>Dental Emergencies (Safenet)</b>	1-800-723-3638



<b>Poison Control Center</b>	1-800-452-7165
<b>Translink (Transportation assistance)</b>	1-541-842-2060 1-888-518-8160 7-1-1 TTY
<b>Oregon Quit Line (Quit Smoking Assistance)</b>	1-800-784-8669 1-877-266-3863 (Spanish) 1-877-777-6534 TTY
Website:	<a href="http://www.quitenow.net/oregon/">www.quitenow.net/oregon/</a>
<b>Oregon Partnership Alcohol and Drug Helpline</b>	1-800-923-HELP (4357) 1-877-553-TEEN (8336) 1-877-5757-7848 (Spanish)

## **APPLICATION FOR COUNCIL MEMBERSHIP**

Western Oregon Advanced Health (WOAH) is forming a Community Advisory Council. We invite you to apply to serve on the Council. The length of service is from 1 to 3 years. Most of the Council will be Oregon Health Plan members. Other members will be people from government agencies and groups that provide OHP services. If you are interested in being a member of the Community Advisory Council, please call the WOAH Customer Service Department for an application at 541-269-7400 or Toll Free 1-800-264-0014, TTY 1-877-769-4400.

## **IF YOU NEED SERVICES NOW**

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If you are unable to see a PCP the first month of enrollment and need to get any of the services listed below please call our Customer Service Team at **1-541-269-7400** or **1-800-264-0014** to request the services you need. For TTY services (hearing impaired), please call **1-877- 769-7400**.

- Prescriptions
- Supplies
- Other necessary items
- Services

## **ENROLLMENT/DISENROLLMENT**

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### ***NEWBORN ENROLLMENT***

**Contact your Department of Human Services (DHS) caseworker as soon as you know you are pregnant.**

Your managed care medical plan will cover your newborn child at the time of birth. However, **it is very important that you tell both Western Oregon Advanced Health Plan and your DHS case worker as soon as possible.** Even though you may no

longer be eligible for coverage, your child may be eligible for health coverage for one year after their date of birth.

### ***DISENROLLMENT***

Involuntary Disenrollment: WOAAH may ask the Department of Medical Assistance Programs (DMAP) that you be disenrolled from WOAAH for various reasons:

- You move outside of the WOAAH service area. (You must contact your DHS caseworker to tell them you have moved.)
- Commit fraudulent or illegal acts
- You are abusive to staff or property.

Leaving or changing managed care plans: You can call your DHS Caseworker to find out if you can be disenrolled from WOAAH . In some cases the State may allow you to leave WOAAH and have DMAP's traditional fee-for-service (open card) coverage.

Health services for OHP members not in managed care are paid by OHA, called fee-for-service (FFS). Native Americans and Alaska natives on OHP can choose to receive managed care or FFS. Any OHP member who has a good reason to receive FFS medical care can ask to leave managed care. Talk to your case worker about the best way to receive your medical care.

### ***DMAP MEDICAL CARE IDENTIFICATION***

DMAP will send you a Medical Care ID once you are eligible for OHP. This is a card the size of a credit card. ***YOU MUST KEEP THIS CARD WITH YOU AND SHOW IT TO YOUR DOCTOR, THE PHARMACY, HOSPITAL, AND ALL MEDICAL PROVIDERS.*** (If you lose your DMAP Medical Care ID, contact your DHS caseworker.)

### ***WESTERN OREGON ADVANCED HEALTH PLAN IDENTIFICATION CARD***

You will also receive a WOAAH OHP ID card. You should present this card whenever you need medical services. If you lose your WOAAH ID card, please call our Customer Service Team at **1-541-269-7400 or 1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**.

### ***IF YOU ALSO HAVE MEDICARE***

If you also have Medicare, WOAAH OHP will coordinate your Medicare and OHP services. You usually do not have to pay co-pays and deductibles. You may have to pay them if you get care from non-WOAAH providers for services that were not an emergency or were not referred by a WOAAH provider.

### ***HOW YOU GET HEALTH CARE***

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### ***PARTICIPATING IN WOAAH HEALTH PLAN ACTIVITIES***

***WOAAH has several healthy living programs and activities that you can participate in. They are listed in this section. Some of the programs require a referral from***

***your PCP and some don't. You can call our Customer Service Department at (800) 264-0014 for information about the services available in your area.***

### ***PRIMARY CARE PROVIDER (PCP)***

You must use your PCP for all routine health care and to get specialty and hospital care. Call WOAHP's Customer Service Team if you are new to our plan and are already established with a PCP in the area. If you do not have a PCP please call WOAHP's Customer Service Team to get help finding a PCP for you and your family members that are enrolled in OHP.

### **IMPORTANT:**

**You must call WOAHP before you see a new PCP. You can see your new PCP the first of the month following your request to change. If you are new to WOAHP and you do not choose a PCP within the first 30 days a PCP will be chosen for you.**

WOAHP wants you to maintain an ongoing, close relationship with your PCP. Sometimes you may want to change your PCP. WOAHP will let you make up to two (2) PCP changes in a twelve (12) month period. If you want to change PCPs more than that you will need special approval from WOAHP.

### ***PCP REFERRAL***

Usually you need a referral from your PCP to see other health care providers. For some services and providers, WOAHP must give approval (pre-authorization) first. If you do not have approval when required, you may be refused service. This is also true if you go to a provider who is not in the WOAHP network. You do not need a referral or pre-authorization for emergencies, mental health services, family planning, or help with addiction to cigarettes, alcohol and drugs. Women may go to their OB/GYN or other women's health care provider for their annual exam or pregnancy care without a referral. Please call WOAHP's Customer Service Team at 541-269-7400 for information about when pre-authorization is needed.

### ***SPECIALISTS, OUT-OF-AREA PROVIDERS, AND PROVIDERS WHO DO NOT PARTICIPATE WITH WOAHP***

Specialists participating with WOAHP OHP include nearly all the specialists in Coos County. If your PCP thinks you need to see a specialist, they will refer you. Except in an emergency, ***You must have a referral from your PCP before seeing a specialist, an out-of-area or non-participating provider.*** This is also true if of non-participating providers and providers who are not in WOAHP's service area. Please ask your PCP for help and advice about your medical care and who you should see for more services.

### ***SECOND OPINION***

You have the right to get a second opinion from another qualified doctor if you are not happy with your doctor's decision. There is no cost to you for a second opinion. You can see any other qualified doctor who participates with WOAHP or another doctor

outside of Coos County if there is not a qualified specialist in our area. You will need an authorization from WOAAH to go see them.

### **FAMILY PLANNING AND RELATED SERVICES**

Family planning and related services are available to WOAAH OHP Members. Family planning services include:

- Family planning visits (includes physical exam and birth control education)
- Birth control supplies

Related services include:

- Pap smear
- Pregnancy test
- Screenings for sexually transmitted diseases (STDs)

\*You do not need a referral from your PCP to get the services listed above.

### **Labor and delivery**

*If at all possible, try to stay within WOAAH's service area during the **last 30 days** of your pregnancy.*

*However, if you must leave the service area, WOAAH only pays for urgent or emergency care outside the service area. WOAAH will cover delivery and the baby's newborn check-up in the hospital. WOAAH will not pay for prenatal care you get outside our service area.*

### **DRUG AND ALCOHOL DEPENDENCY SERVICES**

These services are available to you without a referral. Please call ADAPT Drug and Alcohol Treatment Center for assistance at **1-541-751-0357** or Curry County Human Services at **1-541-247-4082**.

### **MENTAL HEALTH SERVICES**

Mental health services are available to all OHP members. If you have anxiety, behavior problems, or problems in your family, call the mental health department or provider in your area. OHP members can have a mental health assessment, case management, therapy, and in some cases psychiatric care in a hospital. Below are the name and phone number of your Mental Health provider.

Coos County Mental Health Department

Office Address: 1975 McPherson, Suite 2, North Bend, OR 97459

Website: <http://www.mh.co.coos.or.us/>

Local Phone: 541-751-2500

Toll Free: 1-888-735-2900

TDD: 1-800-735-2900

24 Hours Crisis Line: 541-756-8601 or 1-888-543-5763

**AFTER HOURS CRISIS**, you may go to the Bay Area Hospital Emergency Department or call 911.

Curry County Human Services

Office Address: 29821 Colvin Street, Gold Beach, OR 97444

Local Phone: 541-247-4082

Toll Free: 1-877-739-4245

TDD: 1-800-735-2900

### ***EMERGENCY AND CRISIS SERVICES***

Emergency and crisis services are available 24 hours a day, seven days a week, during a mental health emergency. These services are given when a member's needs cannot wait until the next day and they truly think it is an emergency. Examples of these services may include: telephone crisis hotlines, crisis counseling and crisis help centers. If you think you have an emergency, you may call Coos County Mental Health or Curry County Human Services or 911, or you may go to the nearest emergency room. Emergency Services do not require approval first. For a list of the hospitals in Coos or Curry Counties you may look in the directory of your WOA Member Handbook.

***If you think you may hurt yourself or someone else, go to the Emergency Room or call 911.***

### ***WHAT ARE CHILDREN'S INTENSIVE MENTAL HEALTH SERVICES?***

Children's Intensive Mental Health Services are for children with serious emotional problems or who have trouble where they live. Services may include help to prevent or stop a crisis, help getting the right care, case management, individual, group and family therapy, psychiatric services, skills training, family support, respite care, and a team of people to help decide on and get the best treatment. These services keep children safe at home and out of the hospital.

### **THE KIND OF SERVICES AVAILABLE TO YOU INCLUDE:**

#### ***ADULT SERVICES***

Crisis Intervention  
Outpatient Therapy  
Supportive Employment  
Crisis Respite Housing  
Adult Foster Care  
Supportive Housing  
Treatment for Related Disorders  
Acute Mental Health Care  
Residential / Long Term Care  
Case Management

#### ***CHILDREN SERVICES***

Crisis Intervention  
Outpatient Therapy  
Child and Family Teams  
Case Management  
Medication Management  
Family Support  
Parenting Classes  
Family Resource & Support Center  
School Based Therapies  
Intensive Services including  
Day Treatment Residential Care

**Important:**

- *You do not need a referral for mental health services. Call your county mental health department or provider directly for help.*
- *You have rights about receiving mental health services and treatment options – see below.*

**DECLARATION FOR MENTAL HEALTH TREATMENT: YOUR RIGHT TO MAKE MENTAL HEALTH CARE DECISIONS**

Oregon has a form for stating your wishes for mental health care if you go into a crisis or something stops you from making decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. It is filled out before a crisis, when you can understand and make decisions about mental health care. Only a court or two doctors can decide if you are not able to make decisions about your mental health care.

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

A declaration form is only good for three (3) years. You may become unable to decide during those three (3) years. If so, your declaration will remain good until you can make decisions again. You may change or cancel your declaration if you can understand and make choices about your care. You must give your form to your Primary Care Physician and the person you name to make decisions.

For more information on the **Declaration for Mental Health Treatment** go to the State of Oregon’s website at:

<http://www.oregon.gov/oha/amh/forms/declaration.pdf>

If you have a disability and need the **Declaration for Mental Health Treatment** in a different format, please call the State of Oregon’s Department of Human Services at: 503-945-9700 (voice) or 503-945-9836 (TDD).

**COMPLAINTS AND GRIEVANCES**

If you have a complaint or grievance you can call your Mental Health provider to file a complaint. You can also ask us at WOA, your DHS caseworker or other helper for help. You can reach the Mental Health office between the hours of 8:00 am to 5:00 pm Monday through Friday. For the Department of Mental Health, the number is 541-751-2400.

## **PREVENTIVE SERVICES**

### **SHOTS FOR CHILDREN**

If you recently had a baby or have children that have not received their shots (immunizations) please call your child's PCP as soon as possible. Immunizations help protect your child against diseases that could harm them. It is *extremely* important that your child receives their shots on time. Children who go to day care or school are required by State law to have all of their shots. **Please call your child's PCP today to find out when your child is due for their shots.**

### **LIVING WITH ASTHMA?**

We offer classes for our members that are living with asthma to help show them how they can be healthy while living with this disease. If you would like more information please call our Customer Service Team at **1-541-269-7400** or **1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**.

### **WANT TO QUIT USING TOBACCO?**

We can help! Call us today and we can get you on your way to a healthier you! We offer support classes and will pay for medications to help you to stop using tobacco. Please call our Customer Service Team at **1-541-269-7400** or **1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**.

### **COOKING CLASSES**

We offer monthly cooking classes for our members that want to learn more about cooking a nutritious meal on a budget. The classes are taught by a local gourmet chef and are easy to understand, fun and you come away with great recipes. Early registration is appreciated. Please call our Customer Service Team at **1-541-269-7400** or **1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**. \*These classes are only offered in Coos Bay but are open to all WOAHP members.

### **WEIGHT MANAGEMENT**

We pay for weight management and exercise programs for qualified members that want to lose weight. Please call our Customer Service Team at **1-541-269-7400** or **1-800-264-0014 (toll free)**. For TTY services (hearing impaired), please call **1-877-769-7400**.

### **HOSPITAL CARE**

Routine hospital care should be provided by a hospital that participates with WOAHP OHP and is covered by your hospital benefit package. Please see the Provider Directory at the back of this manual for a list of participating hospitals.

### **EMERGENCY CARE**

True emergencies do not require a referral from your PCP. Emergencies are severe symptoms that lead you to believe that your health will be in serious danger if you do not get help right away. In an emergency, you need medical attention now to prevent

loss of life or limb for yourself, your child or your unborn child. Emergency care is covered 24 hours a day, 7 days a week. Some examples of emergencies include:

- Trouble breathing
- Severe cuts or burns
- Bleeding that does not stop
- Broken bones
- First time seizure or uncontrolled seizure
- Chest pain, suspected heart attack
- Loss of consciousness or blackout
- Vomiting blood
- Poisoning: contact the Poison Control Center immediately at **1-800-452-7165**

You may get treatment from any hospital or other setting for emergency care. If you have an emergency, call 911 or go to the nearest emergency room.

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

*Post-stabilization* care means covered services provided after an emergency and after your condition is stable to maintain or improve your condition. WOAAH will pay for post-stabilization care provided by a hospital, whether or not the hospital is a plan provider.

**IMPORTANT TO KNOW:** Do not go to a hospital emergency room for routine care that can be provided by your PCP. For example, the following conditions are not emergencies:

- Back pain                      Diaper Rash
- Common cold                 Toothache
- Constipation

### **EMERGENCY CARE WHEN YOU ARE AWAY FROM HOME**

If you are traveling and have an emergency, go to the nearest emergency room or call 9-1-1. Emergency services are only covered for as long as the emergency exists. Call your PCP to arrange for further care if it is needed while you are out of the area. Also, call your PCP for a follow up or transfer of your care within 7 days.

### **IF IT'S NOT REALLY AN EMERGENCY**

If you use an ambulance or the emergency room for something that you do not think is a real emergency, you may have to pay the bill. Emergency room care is very expensive. Do not use the emergency room for care that should take place in your doctor's office. Medical care for sore throats, colds, flu, or back pain is NOT considered an emergency. **Call your doctor or the 24-hour WOAAH Access Nurse Advice line instead. You can call them anytime at 1-888-647-3627.**

### **URGENT CARE**

Urgent care is care needed to prevent serious harm to your health from an unexpected illness or an injury. Care that can be planned is not considered to be "urgent care". Urgent care requires a referral from your PCP or the WOAAH Access Nurse.



Urgent care need is described as:

- Not a serious health crisis
- Does not need a visit to the emergency room
- Includes sprains, ear aches, bladder infections, bad sore throats, among other health issues.

**Call your doctor or the WOAHA Access Nurse line.** Your provider and the WOAHA Access Nurse Line have phone coverage 24 hours a day, 7 days a week and will give you advice on what to do.

### **FOLLOW-UP TO EMERGENT OR URGENT CARE**

After you are released from the emergency room or from an urgent care clinic, call your Primary Care Provider as soon as possible. Tell your provider where you were treated and why. Your Primary Care Provider will handle all your follow-up care and schedule another appointment, if it is needed

**If you are not sure that your condition would be considered a true emergency:**

- **Call your doctor.** If your doctor is out of the office, there is always a provider on call at each of the area clinics that can help you.

**Or Call**

- **WOAHA Access Nurse** to speak with a Registered Nurse who can give you advice about your health concerns and can help you to decide what to do. The call is free and available 24 hours a day, 7 days a week. Please call **1-888-OHP-WOAHA** or **1-888-647-3627** to speak to a Registered Nurse.

### **DENTAL EMERGENCY AND URGENT CARE**

The health care services you may receive are based on the benefit package you have. Please refer to your DMAP coverage letter to see if you have dental benefits and for your dental plan's contact information.

A dental emergency is dental care requiring **immediate** treatment. Examples of dental emergencies are:

- Bad infection
- Serious abscesses (blister on gum tissue)
- Severe tooth pain (pain that does not stop when you take over-the-counter drugs)
- A tooth being knocked out
- Unusual swelling of the face and gums

Urgent dental care is dental care that does not require immediate treatment. Examples of urgent dental care are:

- Toothache
- Swollen gums or a lost filling

**If you have a dental emergency or urgent care needs, call your dentist or your Dental Plan (if you have one). They can give you advice about your dental concerns and can help you decide what to do.**

## ***TRANSPORTATION AND AMBULANCE SERVICES***

**Transportation:** You must find a way to get to your health care appointments. If transportation is a problem, you might:

- ◆ Take a bus
  - ◆ Ask a friend or relative to drive you
  - ◆ Find a volunteer from a community service agency
- **Ambulance services:** are covered in cases of emergency. If you use an ambulance for something that you do not think is a real emergency, you may have to pay the bill.
  - **Translink:** This is a service that is for WOAAH' OHP Plus Benefit members. Please call WOAAH or your case worker for more details.

If you cannot find a ride to your appointment, your Caseworker may be able to help. Call your Caseworker at least one week before your appointment. If you cancel or change your appointment, please call your worker right away to cancel or change your ride.

## ***HOW TO FILL YOUR PRESCRIPTIONS***

When you get a prescription from your provider, give it to a pharmacist so WOAAH can pay for your medicine. Fill your prescriptions at any WOAAH participating pharmacy. A list of the WOAAH pharmacies is listed in the Provider Directory at the back of this handbook. Show your DHS Medical ID Card when you fill a prescription.

If you go to a non-participating pharmacy, you may be refused service or have to pay for your medicine. WOAAH OHP has a list of covered prescription drugs. Please call WOAAH OHP Customer Service Team or your doctor for information about drugs not on the list of over-the-counter prescriptions.

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

### **Important:**

Each time you receive a new prescription, ask your provider if it is covered by WOAAH and if it requires prior authorization or step therapy. Step therapy is when less costly or dangerous drugs have to be tried before stronger, more expensive drugs. Your provider will know what needs to be done.

Drugs used to treat mental health conditions such as depression, anxiety and psychosis are covered directly by DMAP. They are not listed on WOAAH's list of medications. DMAP may require you to pay a co-pay for these drugs.

## ***UTILIZATION MANAGEMENT***

WOAH OHP has a program called "utilization management" (UM). UM reviews the health care you and your family members receive. We look at services to make sure

they fit your health condition. We also want to be sure that the services you receive are in line with what most other providers would do.

1. **Preauthorization** – We review certain services before you have them. The review tells three things: (1) how the treatment will help you get better, (2) whether you medically need the service, and (3) whether the level of care and the length of stay meet WOAHP OHP guidelines.
2. **Case Management** – We help you with medical needs and explain options for major services (complex, chronic illness, and injuries). We want you to be healthy and we rely on your PCP for managing your health care needs.

### **NON-COVERED SERVICES**

Not all medical treatments are covered by the Oregon Health Plan or WOAHP. If you think you need medical treatment, contact your PCP. If you have questions about covered or non-covered services, call our Customer Service Department at (800) 264-0014 for assistance.

OHP does not cover everything. A list of the 498 diseases and conditions that are covered, called the Prioritized List of Health Services, is on the web at [www.oregon.gov/OHA/OHPR/HERC](http://www.oregon.gov/OHA/OHPR/HERC). The diseases and conditions below line 498 usually are not covered by OHP. Something that is “below the line” could be covered if the patient has an above-the-line condition that could get better if their below-the-line condition gets treated.

### **WILL I EVER HAVE TO PAY A PROVIDER?**

Generally, under the WOAHP plan you will not have to pay any medical bills, with a few exceptions.

Here are a few examples of services that are not covered by WOAHP.

- If you received services outside of Oregon that are not an emergency or urgent care
- If you choose to have services that the provider tells you are not covered by WOAHP or the Oregon Health Plan. In this case, the provider must tell you the cost of each service, and that you will be responsible for paying for the service(s). The provider must also ask you to sign a written form stating that you were told this information and that you knowingly and voluntarily agreed to pay for non-covered services.
- If your health care provider sends you a bill, don't pay it. Please call our Customer Service at **541-269-7400** or **TTY 877-769-7400** right away.

## **YOU AND YOUR PCP**

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### **PRIMARY CARE PROVIDER (PCP) IN A MEDICAL PLAN**

When you enroll in a medical plan like WOAHP, please choose a primary care provider (PCP). Each family member may choose a different PCP. Your PCP will provide or

coordinate your medical services and treatments. Your medical plan will give you 30 days to choose a PCP. After 30 days, we may choose a PCP for you.

### ***SCHEDULING APPOINTMENTS***

To see your WOAHP OHP PCP for routine checkups or when you are sick:

1. Call your PCP to make an appointment
2. Schedule regular checkups with your PCP to learn more about your health care needs and to prevent major illness.
3. **Remember you must contact your PCP for all your health care needs.**

### ***CANCELLED APPOINTMENTS***

If you cannot make it to a scheduled appointment, call your PCP as soon as you can. If you miss appointments and do not call your PCP to cancel, you may prevent another patient from receiving a needed appointment, and you may be asked to choose a new PCP.

### ***CHANGING YOUR PRIMARY CARE PROVIDER***

WOAH OHP wants you to have an ongoing, close relationship with your PCP. Sometimes you may want to change your PCP. WOAHP OHP will let you make up to two (2) PCP changes in a twelve (12) month period. If you want to change PCPs more than that you will need special approval from WOAHP OHP.

If you want to change your PCP, call WOAHP OHP's Customer Service Team at **1-541-269-7400** or **1-800-264-0014**. For TTY services (hearing impaired), please call **1-877-769-7400**.

Do not see any provider other than your PCP until you have called WOAHP OHP. **Any provider you see on your own will not be paid and the provider may refuse to see you.**

### ***EXCEPTIONAL NEEDS CARE COORDINATOR (ENCC)***

An ENCC helps members who have complex medical or special needs. ENCCs help coordinate health care services for members age 65 or older and members with disabilities. You may be placed in a special program if you have certain chronic health conditions, such as:

- Diabetes
- Asthma
- Chronic obstruction pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)

You may be placed in the case management program if you have certain multiple medical needs. The goal of this program is to keep you healthier longer.

Members who have special medical, supply or equipment needs or who will require support services in obtaining care may ask for help from our ENCC. Contact WOAHA at 1-541-269-7400, or 1-800-264-0014. For TTY services (hearing impaired), please call 1-877-769-7400.

## **COMPLAINTS AND APPEALS**

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WOAH OHP wants you to be able to receive the best medical care possible. If you are not satisfied with any part of the health care you receive through WOAHA, we want to know about it. This includes medical care, medicine, supplies or equipment. Help begins with a phone call to our Customer Service Team. You can also ask your DHS caseworker or other helper to call us for assistance.

WOAH Customer Service is available from 8:00 am to 5:00 pm Monday through Friday. The office is closed between 12:30 pm to 1:30 pm during the lunch hour. The Customer Service Team can be reached at **1-541-269-7400** or **toll free at 1-800-264-0014**. If you are hearing impaired, call TTY services at **1-877-769-7400**. You can also write us a letter. Our mailing address is:

**Western Oregon Advanced Health  
Attn: Customer Service  
PO Box 1096  
Coos Bay, OR 97420**

**You may call our confidential complaint hotline at any time at 1-800-264-0014, extension 111.** Calling our complaint hotline ensures your complaint will be handled directly by our complaint coordinator. We will not tell anyone about your complaint unless you ask us to.

Here are important rights you should know about:

### ***WHO CAN REPRESENT YOU***

You may represent yourself during the complaint/appeal process. But if you do not want to represent yourself, you can have someone else do it for you. You must give your written permission for them to do so.

### ***IF YOU ARE NOT HAPPY WITH A SERVICE YOU RECEIVED***

You may have a problem with any care or service a WOAHA' health care provider gave you. The problem could be medical or non-medical. Call us right away, and we will try to solve the problem with a phone call. We can also send you a form to complete so you can file a more formal complaint. If you need help, call us and we will help you complete the form. All complaints are confidential. We will not tell anyone about your complaint unless you ask us to.

You will receive a letter within 5 working days from WOAHA that gives you our decision. We will send you a letter if we need more time to make a final decision. The letter will

tell you the reason why we need more time and how much longer it will take. The delay will never be longer than 30 days from the day we receive your complaint.

You can call DMAP if you do not agree with WOA's final decision. You can call DMAP at 1-800-442-5238 to speak to the Governor's Advocacy office. .

### ***IF A SERVICE IS DENIED***

If we deny or reduce a requested service, we will send you a "Notice of Action" letter explaining why the service was denied or reduced and a form for you to use if you want to appeal our decision. **You have up to 45 days from the date of the letter to appeal.** If you need help completing the appeal form, please call us and we will help. When you return the completed appeal form, please provide any extra information you have that could help us with our decision. We will get back to you within 45 calendar days from the date we receive your appeal.

### ***EXPEDITED (FAST) APPEAL***

If you feel that your medical problem cannot wait for the normal appeal time you, your caseworker or representative can ask for a faster review. This is called an expedited appeal. Please call WOA's Customer Service Team for help at **1-541-269-7400 or 1-800-269-0014**. For hearing-impaired services call **1-877-769-7400**. If you are granted an expedited appeal you will normally receive our final decision within 3 business days unless we need more information to make the decision. It is important that you give us your appeal information right away so we can make our decision on time. If we need more time to complete the expedited appeal we will tell you the reason why. You will receive our final decision on the appeal no later than 14 days after you have been notified of the extension.

### ***IF YOUR APPEAL IS DENIED***

After WOA reviews your appeal, you will be given a Notice of Appeal Resolution. This notice tells you why your appeal was denied and about you're right to an Administrative Hearing with a State of Oregon administrative law judge.

### ***ADMINISTRATIVE HEARING***

The hearing will be held before an impartial person called an Administrative Law Judge (ORS Chapter 183). At the hearing, you can explain why you do not agree with the decision made in your case. You can have a lawyer or someone else assist you with the hearing. DMAP and WOA cannot pay for the cost of a lawyer; however, you may try the following options:

- Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292 for advice and possible representation.
- You may also be able to get free or reduced-cost legal services through the Oregon Bar Association.

If you decide that you want to have a hearing you will need to complete an Administrative Hearing Request form (DHS 443). We can help you with your request if you need it. Your DHS caseworker can also help you or you may call the OHP Client Services Unit at 800-273-0557, TTY 711.

If you are going to request a hearing, your request must be in writing and received by the Hearings Unit at DMAP , WOAHA or any DHS branch office WITHIN 45 DAYS from the date of the decision on Notice of Appeal Resolution.

**Hearing Request forms may be sent to:**

Division of Medical Assistance Programs  
 Attention: Hearings Unit  
 500 Summer Street, NE, E49  
 Salem, OR 97301-1079

***CONTINUING YOUR BENEFITS DURING AN APPEAL OR HEARING***

You have the right to receive benefits while you wait for an appeal or hearing decision. You must ask WOAHA to continue your benefits while you wait. However, if you keep getting benefits and the appeal decision is not in your favor, you must pay for the benefits you received after the date on the Notice of Action.

***COMPLAINT, APPEAL AND HEARING FORMS***

If you decide to file a Complaint, Appeal or Hearing, you can call or come by WOAHA for the forms you need. You can also pick up the Administrative Hearing Request form at any DHS office.

***MEDICARE APPEAL***

If you also have Medicare benefits, you may have additional appeal rights. Contact our Customer Service Team at **1-541-269-7400** or **1-800-264-0014** for further information. For TTY services for the hearing impaired, please call **1-877-769-7400**.

***PROVIDER APPEAL RIGHTS***

Your health care provider has the right to challenge any decision WOAHA has made to deny or reduce your health care benefits. Providers can contact WOAHA at **1-541-269-7400** or **1-800-264-0014** and ask for an appeal of a service denial.

**CONFIDENTIALITY**

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There are federal and state laws that protect your privacy. No one may release your information to anyone outside of the plan without your written permission. WOAHA OHP and health care providers will not release or disclose any information concerning you for any purpose unless directed by you, or for purposes directly related to the administration of the OHP or otherwise allowed by law.

## **ACCESS TO YOUR CLINICAL RECORDS**

You have access to your own clinical records unless your provider believes the release would be harmful to you. If you request your records, WOAHP and your health care providers must provide copies within 10 working days of your request. WOAHP and your health care providers may charge you for *reasonable copying costs*. Please submit your request in writing and send it to:

WOAHP  
Attn: Customer Service, PO Box 1096, Coos Bay, OR 97420

## **ASKING FOR YOUR MEDICAL RECORDS TO BE CHANGED OR CORRECTED**

You have the right to ask to review your medical records and if you find something that is not right you can ask that your records be updated. Please contact your doctor's office or WOAHP Customer Service Team at **1-541-269-7400 or 1-800-264-0014** if you have any questions or need help. For TTY services for the hearing impaired, please call **1-877-769-7400**.

## **PHYSICIAN REIMBURSEMENT**

Medical providers are paid by WOAHP for services that are covered by your health plan. WOAHP has financial agreements with local providers to provide these services to you. We do not pay providers to limit referrals or authorizations for the services that you need and that are medically necessary. But for some services your provider will need a referral or authorization from us before we will pay for the service.

You can call us if you have any questions about how we pay for your health care. Please call our Customer Service Team at **1-541-269-7400 or 1-800-264-0014** if you have any questions or need help. For TTY services for the hearing impaired, please call **1-877-769-7400**.

## **RESPONSIBILITY FOR CHARGES**

You may be responsible for charges if you go to providers outside of the WOAHP OHP plan area for non-emergent care and non-covered services. You don't have to pay unless you signed an Agreement to Pay form ahead of time. If a health care provider sends you a bill, don't pay it. Please call our Customer Service at **541-269-7400 or TTY 877-769-7400** right away.

## **RESPONSIBILITY FOR CO-PAYMENT**

**Medical Services:** At this time, WOAHP Oregon Health Plan members are not responsible for making a co-payment when getting medical care. This may change in



the future. If it does we will give you a 30 day notice before co-payments will be required.

**Prescription/Medicine:** Based on your current health benefit package you may be required to pay a co-payment to get your medicine from a pharmacy. Please refer to your OHP coverage letter for more information.

### **HEALTH CARE SERVICES**

The health services you may receive are based on your OHP benefit package. Your coverage letter from DMAP will tell you which benefit package you have. See the quick reference chart on the next page that shows what services are covered for each benefit package.

### **NOT COVERED SERVICES**

WOAH covers reasonable services for diagnosing conditions, including the office visit to find out what's wrong. However, once they know what's wrong, WOAH may not cover follow-up visits if the condition or treatment is not funded on the Prioritized List of Health Services. This list is decided for DMAP by a group of doctors from around the state and WOAH cannot change what is funded.

#### **For example, WOAH does not pay for the following services:**

- Treatment for conditions that get better on their own (such as colds or flu)
- Treatment for conditions for which home treatment works (such as sprains, allergies, corns, calluses or some skin conditions)
- Cosmetic surgeries or treatments
- Treatments that are not generally effective
- Services to help you get pregnant
- "Buy up" – To "buy up" means you get an item that is not covered by WOAH by paying the difference between the item WOAH covers and the more expensive, non-covered model. For example, WOAH may cover a basic pair of eyeglasses but the member may want a more expensive pair that is not covered by WOAH. The member tries to "buy up" by paying the difference between the two. This is not allowed.

### **BENEFIT PACKAGES**

Benefit packages show the medical, dental or mental health services OHP covers for each member. Each member receives a benefit package based on certain things, such as age or medical condition. Members of your household may receive different benefit packages. Please refer to your DMAP coverage letter to see which benefit package you and your family members have.

Please refer to your DHS Oregon Health Plan Client Handbook for more information on your benefit package. OHP offers more services and places more limits than listed here. This chart is only a guide, and not OHP policy. If you have questions about what OHP pays for, call WOAH Customer Service at (800) 264-0014.

**QUICK REFERENCE COVERAGE CHART\***

<i>Covered Services</i>	<i>OHP Standard</i>	<i>OHP Plus</i>	<i>OHP with limited Drug Coverage**</i>
<b>Acupuncture</b>	Limited	X	X
<b>Chemical dependency services</b>	X	X	X
<b>Dental</b>	Limited	X	X
<b>Emergency medical services</b>	X	X	X
<b>Hearing aids &amp; hearing aid exams</b>		X	X
<b>Home health</b>		X	X
<b>Hospice care</b>	X	X	X
<b>Hospital care</b>	X	X	X
<b>Immunizations</b>	X	X	X
<b>Labor and delivery</b>	X	X	X
<b>Laboratory and x-ray</b>	X	X	X
<b>Medical equipment and supplies (DME)</b>	Limited	X	X
<b>Medical transportation</b>	Limited	X	X
<b>Mental health services</b>	X	X	X
<b>Naturopathy</b>		X	X
<b>Physical, occupational &amp; speech therapy</b>		X	X
<b>Physician services</b>	X	X	X
<b>Podiatry</b>	X	X	X
<b>Prescription drugs</b>	X	X	Limited *
<b>Private duty nursing</b>		X	X
<b>Vision care</b>	Limited	Limited	Limited

**\*This reference chart is subject to change based on DMAP’s schedule of covered benefits and medical conditions at the time of service.**

\*\* Drug coverage is limited to drugs that are not covered by Medicare Part D.

**QMB** Covers Medicare premiums, copayments (except on drugs), and deductibles.

**CAWEM** Clients receive only emergency or labor delivery service.

**ADVANCE DIRECTIVE**

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If you are an adult, you have the right to know about any medical treatment your doctor recommends for you and to refuse it if you choose. However, a serious illness or sudden injury could leave you unable to make decisions or express your wishes. In such a situation, your relatives would have to decide what you would want.

Oregon has a law that allows you to say in writing, ahead of time, how you would want to be treated if you were seriously ill or injured. The legal documents used to do this are called Advanced Directives. The Advanced Directive lets you name a person to direct

your health care when you cannot do so. This person is called your health care representative. Your health care representative does not need to be a lawyer or health care professional. It should be someone with whom you have discussed your wishes in detail. Your health care representative must agree in writing to represent you.

The Advance Directive allows you to give instructions for health care providers to follow if you become unable to direct your care. The Advance Directive lets you tell your doctor to stop life-sustaining help if you are near death. This tells your doctor that you do not want your life prolonged if you have an injury or illness or disease that two doctors agree you will not recover from. You will get care for pain and to make you comfortable no matter what choices you make.

The Advance Directive is only valid if you voluntarily sign it when you are of sound mind. Unless you limit the duration of the Advance Directive it will not expire. You also may revoke your Advance Directive at any time. You have the right to decide your own health care as long as you are able to, even if you have completed the Advance Directive. Completing the Advance Directive is your choice. If you choose not to fill out and sign the Advance Directive form, it will not affect your health plan coverage or your access to care.

The Oregon Advance Directive forms are available at no cost from WOAHA, or by contacting your local hospital. For more information about Advance Directives, call WOAHA at 1-541-269-7400 or 1-800-264-0014 (toll free). For TTY services for the hearing impaired, please call 1-877-769-0014. Or contact Oregon Health Decisions in Portland at 1-503-241-0744 or 1-800-422-4805.

## **HEALTHPLAN MEMBER RIGHTS AND RESPONSIBILITIES**

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[OAR 410-141-0320, 42 CFR 438.100]

### **As an OHP member, you have the right to be:**

- Treated with respect, the same as other patients;
- Free to choose your provider;
- Urged to tell your provider about all your health concerns;
- Able to have a friend or helper come to your appointments, and an interpreter if you want one;
- Told about all of your OHP-covered and non-covered treatment options;
- Allowed to help make decisions about your health care, including refusing treatment, without being held down or forced to do something you don't want to do;
- Given a referral or second opinion, if you need it;
- Given care when you need it, 24 hours a day and 7 days a week;
- Free to get mental health and family planning services without a referral;
- Free to get help with addiction to cigarettes, alcohol and drugs without a referral;
- Given handbooks and letters that you can understand;
- Able to see and get a copy of your health records;
- Able to limit who can see your health records;
- Sent a *Notice of Action* letter if you are denied a service or there is a change in service level;
- Given information and help to appeal denials and ask for a hearing; and
- Allowed to make complaints and get a fair response from your plan or provider.

### **As an OHP member, you agree to:**

- Find a doctor or other provider you can work with and tell them all about your health;
- Treat providers and their staff with respect;

- Bring your medical ID cards to appointments, tell the receptionist that you have OHP and any other health insurance, and let them know if you were hurt in an accident;
- Be on time for appointments;
- Call your provider at least one day before if you can't make it to an appointment;
- Have yearly check-ups, wellness visits and other services to prevent illness and keep you healthy;
- Follow your providers' and pharmacists' directions, or ask for another choice;
- Be honest with your providers to get the best service possible; and
- Call your case worker when you move, are pregnant or no longer pregnant.

## WOAH Participating Provider Directory

### *Participating Alcohol & Drug Treatment Centers*

<b>Name</b>	<b>Phone Number</b>	<b>Office Hours</b>	<b>Handicap Access</b>	<b>Other languages spoken</b>	<b>Accepting new patients</b>
<b>A.D.A.P.T.</b> 400 Virginia Street, #201 North Bend, OR 97459	1-541-751-0357	Monday – Friday 8 am – 5 pm	Yes	Spanish	*Call ADAPT for current information
<b>Curry County Human Services</b> 29821 Colvin Gold Beach, OR 97444	1-541-247-4082	Monday – Friday 8 am – 5 pm	Yes	Interpreters are called in.	*Call WOAHA for current information

### *Participating Medical Providers*

<b>Name</b>	<b>Phone Number</b>	<b>Office Hours</b>	<b>Handicap access</b>	<b>Other languages spoken</b>	<b>Accepting new patients</b>
<b>Bay Clinic</b> 1750 Thompson Rd Coos Bay, OR 97420	1-541-269-0333	Monday – Friday 8 am – 5:30 pm	Yes	Dr. Maslona Spanish	*Call WOAHA for current information
<b>Bay Area Hospital – Radiology PC</b> 2650 N. 17 <sup>th</sup> Coos Bay, OR 97420	1-541-267-5411	Monday – Friday 8 am – 5 pm	Yes		Not applicable
<b>Bandon Community Health Center</b> 780 2 <sup>nd</sup> Street SE #7 Bandon, OR 97411	1-541-347-2529	Monday – Friday 8 am – 5 pm	Yes	French Spanish	*Call WOAHA for current information
<b>Brookings Medical Center</b> 585 Fifth Street Brookings, OR 97415	1-541-412-2000	Monday – Friday 8 am – 6:30 pm	Yes	Spanish	*Call WOAHA for current information
<b>Curry County Public Health</b> 94235 E. Moore Street Gold Beach, OR 97444	1-541-247-3300	Monday – Friday 8 am – 5 pm	Yes	Spanish	*Call WOAHA for current information
<b>Curry Family Medical</b> 525 Madrona					

Port Orford, OR 97465	1-541-332-3861	Monday-Thursday 8:30 am – 5 pm *Closed for lunch 12:30 pm-1:30pm	Yes	Spanish	*Call WOA H for current information
<b>Curry Medical Practice –Hospital Annex</b> 94220 Fourth Street Gold Beach, OR 97444	1-541-247-3155	Monday – Friday 8 am – 5 pm	Yes	Dutch	*Call WOA H for current information
<b>North Bend Medical Center - Bandon</b> 110 E. 10 <sup>th</sup> Bandon, OR 97411	1-541-347-5191	Monday – Friday 9 am – 5 pm	Yes	MedLinePlu s.gov Website	*Call WOA H for current information
<b>North Bend Medical Center - Coquille</b> 790 E. Fifth Coquille, OR 97423	1-541-396-3111	Monday – Friday 8:30 am – 5 pm	Yes	MedLinePlu s.gov Website	*Call WOA H for current information
<b>North Bend Medical Center</b> 1900 Woodland Coos Bay, OR 97420	1-541-267-5151	Monday – Friday 7am – 6pm	Yes	Spanish	*Call WOA H for current information
<b>Dr. Mike &amp; Friends Pediatrics</b> 1925 Thompson Rd. Coos Bay, OR 97420	1-541-267-2020	Monday-Friday 9am-5pm	Yes	Spanish	*Call WOA H for current information
<b>Park Avenue Dermatology</b> 375 Park Ave, Suite 5 Coos Bay, OR 97420	1-541-267-7543	Monday 8am-5pm Tuesday 8am-5pm Wed 9 am-5pm Thursday 8am-5pm Friday 8 am-5pm	Yes	Spanish	*Call WOA H for current information
<b>South Coast Orthopaedic Assoc.</b> 2699 N. 17 <sup>th</sup> Coos Bay, OR 97420	1-541-266-3600	Monday – Friday 8am – 5pm	Yes	Spanish	*Call WOA H for current information
<b>Waterfall Clinic</b> 1890 Waite St, Suite 3 North Bend, OR 97459	1-541-756-6232	Monday 8:30-7:00 Tuesday 8:30-5:00 Wed 8:30-7:00 Thursday 8:30-5:00 Friday 8:30-5:00	Yes	Spanish	*Call WOA H for current information

<p><b>Curry County:</b>  <i>*The following specialty physicians are available by appointment only</i></p> <ul style="list-style-type: none"> <li>- Ear, Nose &amp; Throat</li> <li>- General Surgeon</li> <li>- Pain Management</li> <li>- Orthopaedic Surgeon</li> <li>-</li> </ul> <p><b>Curry Medical Practice – CGH Annex</b>  94220 Fourth Street  Gold Beach, OR 97444</p> <p><b>Curry County:</b>  <i>*By appointment only</i>  Curry Medical Practice – CGH Annex  94220 Fourth Street  Gold Beach, OR 97444</p>	1-541-247-3000 or 1-800-445-8085	*By appointment Only	Yes	Spanish	*Call WOAHA for current information
<p><b>West 4<sup>th</sup> Street Medical</b>  94125 4<sup>th</sup> Street  Gold Beach, OR 97444</p>	541-247-6628	Monday – Friday 9am-5pm	Yes		*Call WOAHA for current information
<p><b>South Coast Orthopaedic Assoc. Curry County:</b>  <i>*By appointment only</i>  Curry Medical Practice – CGH Annex  94220 Fourth Street  Gold Beach, OR 97444</p>	1-541-247-3000 or 1-800-445-8085	*By appointment Only	Yes	Spanish	*Call WOAHA for current information
<p><b>Curry Medical Center</b>  648 Chetco Avenue  Brookings, OR 97444</p>	1-541-412-2070	Monday – Friday 9 am – 5 pm	Yes		*Call WOAHA for current information



**Pediatric After Hours Clinic**

\*In cooperation with North Bend Medical Center and Bay Clinic Pediatricians

Name	Phone Number	Office Hours	Handicap access	Other languages spoken	Accepting new patients
<b>Bay Clinic</b> 1750 Thompson Rd Coos Bay, OR 97420	1-541-269-0333	Thurs – Friday 5pm – 8pm Sat 10am-2pm	Yes	Language Line Services	*Call WOAH for current information

**Public Health Departments** – *Community health nursing, HIV testing and counseling, immunization, family planning, WIC nutrition program, venereal disease, environmental health services, birth/death certificates, and other health services.*

Name	Phone Number	Office Hours	Handicap access	Other languages spoken	Accepting new patients
<b>Coos County Public Health</b> 1975 McPherson #1 North Bend, OR 97459	1-541-756-2020	Monday – Friday 8 am – 5 pm	Yes		*Call WOAH for current information
<b>Curry County Public Health</b> 94235 E. Moore Street Gold Beach, OR 97444	1-541-247-7011	Monday – Friday 8 am – 5 pm	Yes		*Call WOAH for current information

**Mental Health Providers** – *Services provided to members are individual counseling. Multi-disciplinary services for chronically mentally ill. Alcohol & Drug outpatient information & referral, community presentations and youth programs. Pre-commitment investigations, Medication monitoring.*

Name	Phone Number	Office Hours	Handicap access	Other languages spoken	Accepting new patients
<b>Coos County Mental Health</b> 1975 McPherson #2 North Bend, OR 97459	1-541-756-2020	Monday – Friday 8 am – 5 pm	Yes		*Call WOAH for current information

<b>Curry County Human Services</b> 29821 Colvin Street Gold Beach, OR 97444	1-541-247-4082 or 1-877-519-9322	Monday – Friday 8 am – 5 pm	Yes	Interpreter s are called in.	*Call WOA H for current information
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***Participating Ophthalmology Providers***

<b>Name</b>	<b>Phone Number</b>	<b>Office Hours</b>	<b>Handicap access</b>	<b>Other languages spoken</b>	<b>Accepting new patients</b>
<b>Bay Eye Clinic</b> 3585 Broadway North Bend, OR 97459	1-541-756-2584	Monday – Friday 9 am – 5 pm	Yes	Interpreter Ordered	Yes
<b>Curry County:</b> <i>*By appointment only</i> Curry Medical Practice – CGH Annex 94220 Fourth Street Gold Beach, OR 97444	1-541-247-3000*	*By appointment only	Yes	Spanish	Yes

***Participating Vision Care Providers***

<b>Name</b>	<b>Phone Number</b>	<b>Office Hours</b>	<b>Handicap access</b>	<b>Other languages spoken</b>	<b>Accepting new patients</b>
<b>Bandon Vision Center</b> 1095 Alabama St. Bandon, OR 97411	1-541-347-3622	Monday – Friday 9 am – 5 pm Closed 12 – 1 pm	Yes	Spanish	Yes
<b>Bay Optical Lab</b> 3587 Broadway, North Bend, OR 97459	1-541-756-2571	Monday – Friday 9 am – 5 pm	Yes	Spanish	Yes
<b>Cheslock Optical</b> 1817 Meade Street North Bend, OR 97459	1-541-756-2727	Monday – Friday 10 am – 6 pm Sat 10 am – 2 pm	Yes		Yes
<b>Coquille Vision Center</b> 855-A W. Central Blvd Coquille, OR 97423	1-541-396-4042	Monday – Friday 9 am – 5 pm Closed 12 – 1 pm	Yes		Yes
<b>Coos Bay Vision Center</b> 986 Central Ave Coos Bay, OR 97420	1-541-267-4224	Monday – Friday 9 am – 5 pm	Yes	*	Yes

**Participating Hospitals & Surgery Centers**

<b>Name</b>	<b>Phone Number</b>	<b>Hours</b>	<b>Handicap access</b>	<b>Other languages spoken</b>
<b>Bay Area Hospital</b> 1775 Thompson Rd Coos Bay, OR 97420	1-541-269-8111	Open 24 hours	Yes	Spanish
<b>Coquille Valley Hospital</b> 940 E. Fifth Street Coquille, OR 97423	1-541-396-3101	Open 24 hours	Yes	Spanish
<b>Curry General Hospital</b> 94220 Fourth Street Gold Beach, OR 97444	1-541-247-6621	Open 24 hours	Yes	Spanish & Language Line Services
<b>Day Surgery - North Bend Medical Center</b> 1900 Woodland Drive Coos Bay, OR 97420	1-541-267-5151	Monday – Friday 7 am – 6 pm	Yes	Spanish
<b>Rush Surgery Center</b> 648 Chetco Avenue Gold Beach, OR 97444	1-541-412-9804	*By appointment only	Yes	
<b>South Coast Surgery Center</b> 2699 N 17 <sup>th</sup> St, Suite A Coos Bay, OR 97420	1-541-266-3665	Monday – Friday 7 am – 5 pm	Yes	Spanish
<b>Southern Coos Hospital</b> 900 SE 11 <sup>th</sup> Street Bandon, OR 97411	1-541-347-2426	Open 24 hours	Yes	

**Participating Pharmacies**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Handicap access</b>	<b>Other languages spoken</b>
<b>Bandon:</b> Shindlers Pharmacy Tiffany's Pharmacy	215 10 <sup>th</sup> SE 44 Michigan Avenue	1-541-347-3707 1-541-347-9457	Yes Yes	
<b>Brookings:</b> Chetco Pharmacy Fred Meyer Pharmacy Express Rite-Aid	890 Chetco Avenue 325 5 <sup>th</sup> Street 97900 Shopping Ctr Ave 16261 Hwy 101	1-541-469-2616 1-541-469-1643 1-541-469-9560 1-541-469-3121	Yes Yes Yes Yes	

<b>Coos Bay:</b> Bi-Mart Pharmacy Fred Meyers Pharmacy Rite Aid Drug Store Wal-Mart Pharmacy Safeway Pharmacy	550 S. 4 <sup>th</sup> Street 1020 S. 1 <sup>st</sup> Street 187 S. 2 <sup>nd</sup> Street 2051 Newmark Avenue 1900 Woodland Drive	1-541-269-9890 1-541-269-4033 1-541-267-7240 1-541-888-5750 1-541-267-1709	Yes Yes Yes Yes Yes	
<b>Coquille:</b> Safeway Pharmacy	155 E. 1 <sup>st</sup> Street	1-541-396-2422	Yes	
<b>Gold Beach:</b> Corner Drug	29670 Ellensburg Ave	1-541-247-4544	Yes	
<b>Myrtle Point:</b> Sempert's Drug	735 Spruce Street	1-541-572-5010	Yes	
<b>North Bend:</b> Bi-Mart Pharmacy Rite Aid Drug Store Safeway Pharmacy	2131 Newmark Avenue 1161 Virginia Avenue 1735 Virginia Avenue	1-541-756-7561 1-541-756-7531 1-541-751-7006	Yes Yes Yes	Bi-Mart: Spanish Bi-Mart: Korean

## **NOTICE OF PRIVACY PRACTICES**

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At WOAHA Oregon Health Plan, we value you as a Member and take your right to personal privacy of health information seriously. You trust us to keep secure any protected health information we obtain from you or about you. We, in turn, make every attempt to safeguard your non-public information. As part of that effort, WOAHA has developed this notice which explains how WOAHA handles your health information, the steps we take to protect it, and your rights concerning your personal and health information. Personal and health information means any information that identifies you, such as: name, age, address, date of birth, social security number, income or other financial information, and any information regarding your health care and treatment.

WOAHA maintains security procedures to protect your health information. In so doing, we use physical, electronic and procedural safeguards that comply with federal regulations. Access to your health information is limited to only those employees who need to have it for reasonable business purposes. An employee who misuses protected health information will be subject to disciplinary action.

WOAHA is required by law to maintain the protection of your health information, to provide you with this notice and to follow the provisions listed here. We maintain the right to change this notice, as allowed by applicable law, and apply those changes to all personal and health information. Should any changes occur in our privacy practices, we will notify you that this notice has changed.

### ***How we use and disclose Your Personal and Health Information***

- WOAHA may use or disclose information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- WOAHA may use or disclose information in order to get payment or to pay for the health care services you receive. For example, WOAHA may provide protected health information to pay your doctor for health care provided to you or for payment collected from another insurance company or a third party.
- WOAHA may use or disclose information in order to manage our programs and activities. For example, WOAHA may use protected health information to review the quality of services you receive and to track certain diseases.
- WOAHA may send you information related to specific health programs or activities that may be of interest to you. We also send to all members' quarterly newsletters containing information about healthy lifestyles, such as smoking cessation clinics and weight management programs.

- WOAAH may share, upon your request in writing, your health information with family, friends or authorized representative involved in your medical care. In certain situations, WOAAH may deny or limit the information disclosed if sharing information may be harmful to you or others.
- WOAAH may use or disclose information with third party business associates who perform certain activities for us. We share your information only when there is a business need to do so and require our associates to protect your personal and health information to the same extent.
- WOAAH must disclose your personal and health information when we are required to by state and federal law or by a court order.
- WOAAH may use and disclose your personal information to report health information to public health agencies to protect your health or the health and safety of others. As required, we may also disclose your personal information to appropriate authorities if we believe you are a victim of abuse.
- WOAAH may disclose personal and health information to parents of minor children as state laws require or permit.
- WOAAH may use and disclose your personal information for the purposes of research studies. These reports do not identify specific people.
- WOAAH may disclose your personal information to authorized federal officials for the purposes of military and national security.
- Uses and disclosures, other than those listed above; require your written authorization, including specific disclosure of HIV/AIDS information, mental health information, genetic testing information and chemical dependency treatment records. You may cancel an authorization at any time, in writing.

### ***Your Protected Health Information Privacy Rights***

- ***You have the right to see and get copies of your records.*** You must make the request in writing and you may be charged a reasonable fee for the cost of copying your records.
- ***You have the right to request a correction or update of your records.*** You may ask WOAAH to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.

- **You have the right to get a list of disclosures.** You have the right to ask WOAHA for a list of disclosures made after April 14, 2003. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization.
- **You have the right to request limits on uses or disclosures of protected health information.** You have the right to ask WOAHA to limit how your information is used or disclosed. You must make the request in writing and tell WOAHA what information you want to limit and to whom you want the limits to apply. WOAHA is not required to agree to the restriction. You can request that the restrictions be terminated in writing or verbally.
- **You have the right to revoke permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **You have the right to choose how we communicate with you.** You have the right to ask that WOAHA share information with you in a certain way or in a certain place. For example, you may ask WOAHA to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.
- **You have the right to file a complaint.** You have the right to file a complaint if you do not agree with how WOAHA has used or disclosed information about you.
- **You have the right to get a paper copy of this notice.** You have the right to ask for a paper copy of this notice at any time.

If you have questions about this notice or WOAHA's privacy practices, to review, correct or limit your protected health information, or to file a complaint or report a problem, please contact:

Southwest Oregon IPA, Inc.  
 Western Oregon Advanced Health (WOAHA)  
 Compliance Officer  
 P.O. Box 1096  
 Coos Bay, OR 97420  
 1-541-269-7400  
 Toll Free 1-800-264-0014  
 TTY 1-877-769-7400  
 (Telecommunication services for the hearing impaired)

DOC Oregon Health Plan's office is open Monday through Friday, 8:00 am to 5:00 pm

WOAH' Web-site: <http://www.WOAHhp.com>

You may also contact:

Office of Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
OCR Hotlines-Voice: 1-800-368-1019



## GLOSSARY

- Action:**
- 1) The denial or limited authorization of a requested service, including the type or level of service;
  - 2) The reduction, suspension or termination of a previously authorized service;
  - 3) The denial, in whole or in part, of payment for a service;
  - 4) The failure to provide services in a timely manner; as defined by the State.
  - 5) The failure of a health plan to act within the timeframe provided in 438.408(b); or for a resident of a rural area with only one Oregon Health plan, the denial of the member's request to exercise his or her services outside the network.

**Appeal:** means a request for review of an action as "action" is defined above.

**Crisis Services:**

*Emergency Medical Condition: a serious medical or mental health condition that is so dangerous or painful that an average person would think that it needs immediate attention. Going without emergency care could result in:*

- 1) *Placing the health of a person or unborn child in serious danger, or*
- 2) *Causing a part of the body to stop functioning.*

*Emergency Services: Covered in-patient and outpatient services that are:*

- 1) *Furnished by a licensed provider*
- 2) *Needed to evaluate or stabilize an emergency medical condition*

**Excluded Services:** Certain services or times are not covered under any program or for any group of eligible health plan member. If the health plan member signs an agreement to accept financial responsibility for a Non-Covered Service, payment is a matter between the Provider and the member subject to the requirements of OAR 410-120-1280.

**Grievance:** means an expression of dissatisfaction about any matter other than an action as defined in Code of Federal Regulations (42 CFR 438.400(b))

**Post-Stabilization Care Services:** means covered services provided right after an emergency to keep a member stable.(CRF 438.114(e)).

**Service Area:** means the geographic area where the health plan serves Oregon Health Plan members, as described in their Contract or Agreement with the Oregon Health Authority..

**Urgent Care:** means calling for quick, immediate action.