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January 2026

AllCare CCO Member Handbook

Your guide to benefits and services

Updated January 1, 2026

Language access statement

English

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

Spanish (Español)

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

Russian (Русский)

Вы можете получить этот справочник на другом языке, напечатанный крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги устного переводчика. Эта помощь предоставляется бесплатно. Вы можете обратиться в службу поддержки клиентов по телефону **(888) 460-0185**, а также воспользоваться программой преодоления языкового барьера по телефону **(888) 260-4297** или линией телетайпа **711**. Мы принимаем вызовы из службы ретрансляции телекоммуникаций. Также вы можете воспользоваться помощью сертифицированного квалифицированного переводчика, специализирующегося в области медицинского обслуживания.

Vietnamese (Tiếng Việt)

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

Arabic (اللغة العربية)

ويمكنك الحصول على هذه الرسالة بلغات أخرى أو بطباعة كبيرة أو بطريقة برايل أو بالصيغة التي تفضلها. يمكنك أيضاً طلب مترجم فوري. هذه المساعدة مجانية. اتصل بخدمة العملاء **(888) 460-0185**, الوصول إلى اللغة أو TTY **711**. نحن نقبل مكالمات التتابع. يمكنك **(888) 260-4297**, الحصول على المساعدة من مترجم فوري معتمد ومؤهل للرعاية الصحية.

Somali (Somaliyeed)

Warqadan waxaad ku heli kartaa luqado kale, far waaweyn, farta indhoolaha (braille) ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjumaan. Caawimadani waa bilaash. Wac Daryeelka Macmiilka **(888) 460-0185**, gelida luqadda **(888) 260-4297**, ama TTY **711**. Waxaan aqbalnaa wicitaanada gudbinta Waxaad caawimo ka heli kartaa turjumaan daryeel caafimaad oo shahaado haysta oo aqoon leh.

Simplified Chinese (简体中文)

您可以获得这封信的其他语言版本、大字版、盲文版或您喜欢的格式。您还可以要求翻译。这种帮助是免费的。致电客户服务中心 **(888) 460-0185**, 语言访问 **(888) 260-4297**, 或 TTY **711**. 我们接受中继电话。您可以获得经认证的合格医疗口译员的帮助。

Traditional Chinese (繁體中文)

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

Korean (한국어)

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

Chuukese (Trukese)

Ka tongeni angei ei taropwe non ekkoch fos, mak watte, Braille ika ew format ka mochen. Ka pwal tongeni tingor emon chon affouni. Ei alillis ese kamo. Kokkori ewe chon tumunu chon kamo **(888) 460-0185**, nampa **(888) 260-4297**, ika TTY **711**. Sia etiwa ekkewe kokotun relay. Ka tongeni angei aninis seni emon chon affouni pekin tumunun pekin safei mei certificate me sinenap.

Ukrainian (Yкраїнська)

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Телефонуйте в службу підтримки клієнтів **(888) 460-0185**, мовний доступ **(888) 260-4297**, або TTY **711**. Ми приймаємо ретрансляційні дзвінки. Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Farsi (فارسی)

می‌توانید این نامه را به زبان‌های دیگر، چاپ بزرگ، خط بریل یا قالبی که ترجیح می‌دهید دریافت کنید. شما همچنین می توانید یک مترجم درخواست کنید. این کمک رایگان است. با بخش خدمات مشتری **(888) 460-0185**، دسترسی زبان **(888) 260-4297,** یا **TTY 711** تماس بگیرید. ما تماس های رله را می پذیریم. می توانید از یک مترجم معتبر و واجد شرایط مراقبت های بهداشتی کمک بگیرید.

Romanian (Română)

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Apelați serviciul de asistență pentru clienți **(888) 460-0185**, acces lingvistic **(888) 260-4297**, sau TTY **711**. Acceptăm apeluri releu. Puteți obține ajutor de la un interpret certificat și calificat în domeniul sănătății.

Dari (از)

شما می‌توانید این راهنما را به زبان‌های دیگر، با چاپ بزرگ، بریل
ای فارمت دلخواه خود دریافت کنید. همچنین. با خدمات مشتریان
تماس بگیرید **(888) 460-0185**, دسترسی به زبان
(888) 260-4297, ای TTY **711**. ما تماس های رله را قبول می‌کنیم.
شما می‌توانید از یک مترجم مراقبت صحی تصدیق شده و واجد
شرایط کمک بگیرید.

Khmer/Cambodian (ខ្មែរ)

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀត ការបោះពុម្ព
ធំ អក្សរស្ទាប ឬទម្រង់ដែលអ្នកចូលចិត្ត។ អ្នកក៏អាចស្នើ
អ្នកបកប្រែផងដែរ។ ជំនួយនេះគឺឥតគិតថ្លៃ។ ហៅទូរស័ព្ទទៅផ្នែកែ
ថទាំអតិថិជន **(888) 460-0185**, ការចូលប្រើសា
(888) 260-4297, ឬ TTY **711**. យើទទួលយកការហៅបញ្ជូន
បន្ត។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្នែកែថទាំសុខភាពដែល
មានការបញ្ជាក់ និងមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។

Amharic (አማርኛ)

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም
እርሶ በሚመርጡት መልኩ ማግኘት ይችላሉ። በተጨማሪም አስተርጓሚ
መጠየቅም ይችላሉ። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ Customer
Care **(888) 460-0185**፣ የቋንቋ መዳረሻ **(888) 260-4297**፣
ወይም TTY **711**. ይደውሉ። የማስተላለፊያ ጥሪዎችን እንቀበላለን።
ከተረጋገጠ እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት
ይችላሉ።

Help us improve this handbook

OHP wants to hear from you! We want to make sure you have the information you need. Your feedback can help AllCare CCO and OHP improve member handbooks.

Take the handbook survey! Scan the QR code or go to **surveymonkey.com/r/tellOHP** to answer a few questions.

Scan for Survey

Welcome to the 2026 AllCare CCO Member Handbook

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

Handbook updates

New and returning members are mailed a handbook when they join AllCare CCO. You can find the most up-to-date handbook at **AllCareHealth.com/medicaid/services/customer-care/member-handbook**. If you need help or have questions about the handbook, please call Customer Care at the phone numbers listed at the bottom of this page.

Getting Started

We will send you a health survey to help AllCare CCO know what support you need. We will ask about your physical, behavioral, dental, developmental, and social health care needs. Here is a link of what the survey looks like: **AllCareHealth.com/HealthRiskAssessment**. To learn more about this survey go to **page 48**.

Complete and return your survey in any of these ways:

- Phone: (888) 460-0185, (541) 471-4106, TTY 711
- Mail: AllCare Health
  Attn: Care Coordination
  1701 NE 7th Street
  Grants Pass, OR 97526

Helpful tips when using this handbook

Some questions have been answered or can be asked here:
https://www.oregon.gov/oha/hsd/ohp/pages/questions.aspx

Some AllCare CCO members can get extra benefits like food, short-term housing, mobile phones, or other items to keep you healthy. Call AllCare Customer Care at the numbers listed at the bottom of this page to find out more.

Refer to the end of handbook for definition of words that may be helpful to know.

If you are looking for:

- Benefits. Go to **page 63**.
- Primary Care Providers. Go to **page 53**.
- Prior Approvals and Referrals. Go to **page 64**.
- Rights and Responsibilities. Go to **page 34**.
- Rides to Care. Go to **page 130**.
- Care Coordination. Go to **page 115**.
- Prescriptions. Go to **page 149**.
- Emergency Care. Go to **page 157**.
- How long it takes to get care. Go to **page 111**.
- Grievances, Complaints and Appeals. Go to **page 190**.

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

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

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

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

Important information to have handy

My Primary Care Provider is: _____

Their number is: _____

My Primary Care Dentist is: _____

Their number is: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

Other Providers I have are: _____

Their numbers are: _____

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Free help in other languages and formats.

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

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

Examples of free help:

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

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

You can get information in another language or format.

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

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

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

AllCare Health can email you materials.

You can ask us to get materials electronically. Just fill out the secure contact form on our website at **AllCareHealth.com/Contact-Us**. You can find the most up-to-date handbook here: **AllCareHealth.com/Medicaid/Services/Customer-Care/Member-Handbook**. AllCare CCO can mail you a handbook. If you need a printed copy, need help, or have

questions about the handbook, please call Customer Care at the phone numbers listed at the bottom of this page.

You can have an interpreter.

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

Tell AllCare CCO and your provider's office if you need an interpreter. Tell them what language or format you need. You can also ask AllCare CCO for an "I speak" card that you can use at visits.

If you need help, please call Customer Care between 8:00 a.m. and 8:00 p.m., at the phone numbers listed at the bottom of this page, or call OHP Client Services at (800) 273-0557, TTY 711.

If you do not get the help you need from AllCare CCO, you can make a complaint or call the Oregon Health Authority's Public Civil Rights Hotline at (844) 882-7889, TTY 711 or email: **oha.publiccivilrights@odhsoha.oregon.gov**.

Our nondiscrimination policy

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

- Age.
- Disability.
- National origin, primary language, and proficiency of English language.
- Race.
- Religion.
- Color.
- Sex, sex characteristics, sexual orientation, gender identity, or sex stereotypes.
- Pregnant or related conditions.
- Health status or need for services.

If you feel you were treated unfairly for any of the above reasons, you can make a complaint. This is also called filing a grievance.

Make (or file) a complaint with AllCare CCO in any of these ways:

- Phone: Call our **Section 1557 Coordinator Terri Allen** at (888) 460-0185, TTY 711
- Email: **Terri.Allen@AllCareHealth.com**
- Mail: 1701 NE 7th Street
  Grants Pass, OR 97526
- Web: **https://www.allcarehealth.com/non-discrimination-procedure-complaint-form**

You can read more about our complaint process in our AllCare CCO Appeals and Grievances Handbook at **https://www.allcarehealth.com/medicaid/resources/how-to-file-an-appeal**.

For more information about filing a grievance, including how to appeal or ask for a hearing, please see the "Complaints, Grievances, Appeals and Fair Hearings" section of this handbook on **page 190**.

If you have a disability, AllCare CCO has these types of free help:

- Qualified sign language interpreters.
- Written information in large print, audio, or other formats.
- Other reasonable modifications.

If you need language help, AllCare CCO has these types of free help:

- Qualified interpreters.
- Written information in other languages.

Need help filing a complaint? Need language help or reasonable modifications?
Call Customer Care at the phone numbers listed at the bottom of this page to speak with a peer wellness specialist, or personal health navigator. You also have a right to file a complaint with any of these organizations:

Oregon Health Authority (OHA) Civil Rights

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

Bureau of Labor and Industries Civil Rights Division

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

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

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

We keep your information private.

We only share your records with people who need to see them. This could be for treatment or for payment reasons. You can limit who sees your records. Tell us in writing if you don't want someone to see your records or if you want us to share your records with someone. You can find the form on our website at: **www.allcarehealth.com/media/4153/achhc-authorized-representative-form-for-discussing-phi-v3.pdf.** You can ask us for a list of who we have shared your records with.

If you want us to share your records and information with someone, please complete the **Authorized Representative Form for Discussing Personal Health Information** form. You can find this form and other member resources at: **AllCarehealth.com/Medicaid/Resources/Plan-Materials**.

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

Health records

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

What can you do with health records?

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

There may be times when the law restricts your access.

Psycho therapy notes and records prepared for court cases cannot be shared.

Providers may also not share records when, in their professional judgement, sharing records could cause substantial harm to you or another person.

If a provider denies you or your authorized representative copies of your medical records, the provider must give you a written notice. The notice must explain why the request was denied and explain your rights to have another provider review the denial. The notice will also tell you how to make a complaint to the provider or the Secretary of Health and Human Services.

Contents

Language access statement . . . 3
Help us improve this handbook . . . 10
Welcome to the 2026 AllCare CCO Member Handbook . . . 10
Handbook updates . . . 10
Getting Started . . . 10
Helpful tips when using this handbook . . . 11
Important information to have handy . . . 12
Free help in other languages and formats . . . 13
You can get information in another language or format . . . 14
AllCare Health can email you materials . . . 14
You can have an interpreter . . . 15
Our nondiscrimination policy . . . 16
We keep your information private . . . 18
Health records . . . 19
Important things to do . . . 24
Welcome to AllCare CCO . . . 27
How OHP and AllCare CCO work together . . . 27
About AllCare CCO . . . 27
AllCare CCO service area . . . 29
Contact us . . . 29
Emergency Office Closure . . . 30
Important phone numbers . . . 30
Contact the Oregon Health Plan . . . 33
Your rights and responsibilities . . . 34
Your rights as an OHP member . . . 34
Your responsibilities as an OHP member . . . 38
American Indian and Alaska Native members . . . 40
New members who need services right away . . . 41
Fee-For-Service (FFS) . . . 41
Family planning . . . 43
Transgender health . . . 44
Abortions . . . 44
Women's healthcare . . . 44

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Members who are pregnant. 45
AllCare CCO pregnancy and prenatal care 45
After your pregnancy ends 46
Newborn care. 47
Circumcision 47
Immunizations, vaccines (shots) 47
Health services for older children and teens 47
Preventing Health Problems is Important 47
Survey about your health 48
What your Member ID card does for you 50
Change of address 51
Primary Care Providers (PCPs) 53
Primary Care Dentists (PCDs) 54
Behavioral Health Providers. 54
Pharmacies 55
In-network providers. 55
Choosing your Primary Care Provider (PCP) 55
Provider directory 56
Using the online “Find-A-Doctor” tool 57
If you already have a Primary Care Provider (PCP) 58
Changing your Primary Care Provider (PCP)
or Primary Care Dentist (PCD) 58
Changes to AllCare CCO providers 59
Patient-Centered Primary Care Home (PCPCH) 59
Meeting your Primary Care Provider (PCP) 60
Make an appointment 60
Second opinions 61
Your benefits 63
Direct Access 64
Getting preapproval (sometimes called a “prior authorization”). 64
Provider referrals and self-referrals 66
Physical health benefits 68
Dental health providers 80

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Table of Contents

Dental benefits 80
Veteran and Compact of Free Association (COFA)
Dental Program members 88
Behavioral Health Benefits 89
Peer Delivered Services 90
Community Mental Health Programs (CMHP) 92
Behavioral Health prescriptions 100
Substance Use Treatment Benefits. 100
Other services and care that AllCare CCO pays for 105
Services that OHP pays for 106
Services that OHP pays for and provides care coordination 107
Access to the care you need 109
How long it takes to get care 111
Get help organizing your care with Care Coordination 115
Working together for your care 116
You may need a care plan 116
Special screening and preventive care for members under age 21 118
Young adults with special health care needs 122
Traditional Health Workers (THW) 123
Flexible services 124
Community benefit initiatives. 125
Preventive healthcare: Keeping you healthy 126
Quitting tobacco 127
Healthy living 127
OHP Bridge for adults with higher incomes 127
Health Related Social Needs 128
In Lieu of Services (ILOS) 129
Free rides to care. 130
Getting care by video or phone 145
Prescription medications 149
Services we do not cover 151
What OHP does not cover 152
What AllCare CCO does not cover 152

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Hospitals . . . 154
Urgent care . . . 155
Emergency care . . . 157
Physical emergencies . . . 157
Dental emergencies . . . 159
Nurse Help Line – (844) 747-5656 . . . 159
Behavioral health crisis and emergencies . . . 161
Suicide prevention . . . 163
Get the help you need! . . . 164
Follow-up care after an emergency . . . 167
Care away from home . . . 167
Bills for services . . . 169
Members with OHP and Medicare . . . 174
Changing CCOs and moving care . . . 175
How to change or leave your CCO . . . 178
AllCare CCO can ask you to leave for some reasons . . . 178
Care while you change or leave a CCO . . . 180
End of life decisions . . . 182
What is the difference between a POLST and advance directive? . . . 185
Declaration for Mental Health Treatment . . . 186
Reporting Fraud, Waste, or Abuse . . . 187
What is Fraud, Waste or Abuse? . . . 187
How to make a report of Fraud, Waste and Abuse . . . 188
Complaints, Grievances, Appeals and Fair Hearings . . . 190
Questions and answers about appeals and hearings . . . 197
Practice guidelines . . . 200
Physician incentives and provider payment . . . 200
Words to know . . . 201

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Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

allcare health®

allcare cco

Important things to do.

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

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

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

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

OR Call 9-1-1.

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

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

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

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Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306



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

Welcome to AllCare CCO

We are glad you are part of AllCare CCO. AllCare CCO is happy to help with your health. We want to give you the best care we can. It is important to know how to use your plan. This handbook tells you about our company, how to get care, and how to get the most from your benefits.

How OHP and AllCare CCO work together

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

OHP has local health plans that help you use your benefits. The plans are called coordinated care organizations or CCOs. AllCare CCO is a CCO that serves Curry, Jackson, Josephine, and southern Douglas counties.

CCOs organize and pay for your health care. We pay doctors or providers in different ways to improve how you get care. This helps make sure providers focus on improving your overall health. You have a right to ask about how we pay providers. Provider payments or incentives will not change your care or how you get benefits. For more information, please call Customer Care at the phone numbers listed at the bottom of this page. When you ask for this information, we will send it within 5 business days.

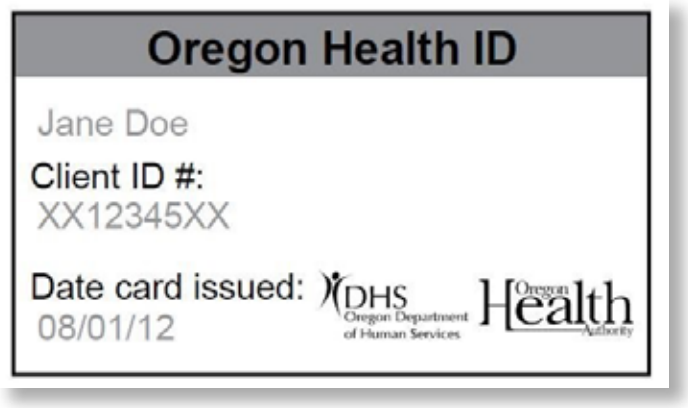
All CCOs offer the same OHP benefits. Some offer extra services like new baby items and gym memberships. Learn more about AllCare CCO benefits on "Your benefits" on **page 63**.

About AllCare CCO

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

When you enroll in OHP, you will get an Oregon Health ID card. This is mailed to you with your coverage letter. Each OHP member in your household gets an ID card.

Your Oregon Health ID card will look like this:



When you enroll in a CCO, you will also get a CCO ID card. This card is very important. It shows that you are an AllCare CCO member and lists other information like important phone numbers. Your primary care provider (PCP) will also be listed on your ID card.

Your AllCare CCO ID card will look like this:



Be sure to show your AllCare CCO ID card each time you go to an appointment or the pharmacy.

Your coverage letter and AllCare CCO ID card will tell you what CCO you are enrolled in. They will also tell you what level of care your plan covers. Use your ID card and the table below to see what type of care is covered for you.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
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CCO or OHP: Who organizes and pays for your care?			
Coverage type	**Physical health**	**Dental health**	**Behavioral health**
APLUS (CCOA)	AllCare CCO	AllCare CCO	AllCare CCO
EPLUS (CCOB)	AllCare CCO	OHP	AllCare CCO
JMENT (CCOE)	OHP	OHP	AllCare CCO
NPLUS (CCOG)	OHP	AllCare CCO	AllCare CCO
FDENT* (CCOF)	Not covered	AllCare CCO	Not covered
Open Card**	OHP	OHP	OHP

*FDENT (CCOF) only covers dental health care unless you have FDENT (CCOF) plus Open Card for physical and behavioral health.
**Open Card is also called Fee-for-Service.

Learn more about organizing your care in the "Care Coordination" section or see what type of benefits are covered in the "Your Benefits" section.

AllCare CCO service area

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

Contact us

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

We're closed on New Year's Day (01/01/26), Martin Luther King Jr Day (01/19/26), Memorial Day (05/25/26), Juneteenth (6/19/26), Independence Day (07/04/26), Labor Day (09/07/26), Thanksgiving (11/26/26), Friday after Thanksgiving (11/27/26) and Christmas (12/25/26).

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Emergency Office Closure

If AllCare CCO has an emergency office closure, we will let you know with a message on our phone lines, website, and email responses. The closure will also be posted on our Social Media pages. AllCare CCO will have signs on our office doors letting you know as about the closure well. To find out more about our emergency closure procedure go to **www.allcarehealth.com/OfficeShutdown**.

Our offices are located at:

- **Grants Pass:** 1701 NE 7th Street,
  Grants Pass, OR 97526
- **Brookings:** 580 5th Street, #400
  Brookings, OR 97415

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

You can find us online at: **AllCareHealth.com/CCO.**

Our mailing address is:

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

Important phone numbers

Medical benefits and care.

Call Customer Care at the phone numbers listed at the bottom of this page.
Hours: 8:00 a.m. to 8:00 p.m., Monday through Friday.
Learn about medical benefits and care on **page 68**.

Pharmacy benefits.

Call Customer Care at the phone numbers listed at the bottom of this page.
Hours: 8:00 a.m. to 8:00 p.m., Monday through Friday.

Mail Order Pharmacy.

Postal Prescription Services
Toll free (800) 552-6694

Learn about pharmacy benefits on **page 149**.

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

Call Customer Care at the phone numbers listed at the bottom of this page.
Hours: 8:00 a.m. to 8:00 p.m., Monday through Friday.
Learn about behavioral health benefits on **page 89**.

Dental benefits and care.

Call Customer Care at the phone numbers listed at the bottom of this page.
Hours: 8:00 a.m. to 8:00 p.m., Monday through Friday.

To reach your dental providers directly:

Advantage Dental: (866) 268-9631 or TTY 711
8:00 a.m. to 5:00 p.m., Monday - Friday
24-Hour After Hours Call System: (866) 268-9631
advantagedentalservices.com

Capitol Dental Care: (800) 525-6800 or TTY 711
7:00 a.m. to 6:00 p.m., Monday - Friday
24-Hour After Hours Call System: (800) 525-6800
interdent.com/capitoldentalcare/members/list-of-providers/

ODS Community Dental: (800) 342-0526 or TTY 711
7:00 a.m. to 5:30 p.m., Monday - Friday
odscommunitydental.com/members

Learn about dental benefits on **page 80**.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Vision benefits and care.

Call Customer Care at the phone numbers listed at the bottom of this page.
Hours: 8:00 a.m. to 8:00 p.m., Monday through Friday.
Learn about vision benefits on **page 105**.

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

You can get a free ride if you have no other way to get to physical care, dental care, and behavioral health visits. Call ReadyRide at **(800) 479-7920** to set up a ride. TTY users, please call 711. Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m. The Call Center is closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day, or the Federally observed holiday if they fall on the weekend. You can learn more about getting rides to care on **page 130**.

Free help in other languages and formats

You can get help from interpreters, written translations, and information in other formats. Call Customer Care at the phone numbers listed at the bottom of this page.
Hours: 8:00 a.m. to 8:00 p.m., Monday through Friday.
Learn about language access benefits on **page 3**.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Contact the Oregon Health Plan

OHP Customer Service can help you:

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

How to contact OHP Customer Service.

- **Call:** (800) 699-9075 toll-free, TTY 711.
- **Web:** OHP.Oregon.gov
- **Email:** Use the secure email site at **secureemail.dhsoha.state.or.us/encrypt** to send an email to OHP.
    - For questions or changes about your OHP case, email **Oregon.Benefits@odhsoha.oregon.gov**.
    - For questions about CCOs or how to use your medical, email **Ask.OHP@odhsoha.oregon.gov**.
    - Tell OHP your full name, date of birth, Oregon Health ID number, address and phone number.
- Adoption and Guardianship families should contact the Adoption and Guardianship Medical Eligibility and Enrollment coordinator at:
    - Call: (503) 509-7655.
    - Email: **Cw-aa-ga-medicalassist@odhsohs.oregon.gov**.
    - Online: **oregon.gov/odhs/adoption/Pages/assistance.aspx**.

Member Portal

Members can use the Member Portal by visiting our public website, AllCareHealth.com. In the portal, you can see and print your Member ID card, look up Prior Authorization information, ask for PCP or DCO changes, update you personal details, send secure messages to the Customer Care team, and upload documents. The portal also offers other tools and resources to help make managing your care simple and easy.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Your rights and responsibilities

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

You have the right to exercise your member rights without a bad response or discrimination. You can make a complaint if you feel like your rights have not been respected. Learn more about making complaints on **page 190**. You can also call an Oregon Health Authority Ombudsperson at (877) 642-0450, TTY 711. You can send them a secure email at **OHA.OmbudsOffice@odhsoha.oregon.gov**.

For more information about the Ombuds program, to to: **Oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx**.

There are times when people under age 18 (minors) may want or need to get health care services on their own. Minors 15 years and older can get medical and dental care without parental consent. To learn more, read "Minor Rights: Access and Consent to Health Care." This booklet tells you the types of services minors of any gender can get on their own and how their health records may be shared. You can read it at **OHP.Oregon.gov**. Click on "Minor rights and access to care." Or go to: **Sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf**

Your rights as an OHP member

You have the right to be treated like this:
Be treated with dignity, respect, and consideration for your privacy.
Be treated by providers the same way as other people seeking healthcare.
Have a stable relationship with a care team that is responsible for managing your overall care.
Not be held down or kept away from people because it would be easier to: • Care for you, • Punish you, or • Get you to do something you don't want to do.

You have the right to get this information:

Materials explained in a way and in a language you can understand.
(**see page 13**).

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

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

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

A health record that keeps track of your conditions, the services you get, and referrals. (see **page 18**) You can:

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

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

Written notice about providers who are no longer in-network. In-network means providers or specialists that work with AllCare CCO. (see **page 55**).

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

You have the right to get this care:

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

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

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

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

Help to use the health care system. Get the cultural and language support you need. (See **page 115**). This could be:

- Certified or qualified health care interpreters.
- Written translations of pharmacy materials and prescriptions.
- Certified traditional health workers.
- Community health workers.
- Peer wellness specialists.
- Peer support specialists.
- THW birth Doulas.
- Personal health navigators.

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

Covered preventive services. (See **page 126**).

Urgent and emergency services 24 hours a day, 7 days a week without approval or permission. (see **page 155**).

Referrals to specialty providers for covered coordinated services that are needed based on your health. (see **page 66**).

Extra support from an OHP Ombudsperson (see **page 34** and **page 190**).

You have the right to do these things:

Choose your providers and to change those choices. (see **page 55** and **page 58**).

Get a second opinion. (See **page 61**).

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

Be actively involved in making your treatment plan.

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

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

Make a statement of wishes for treatment. This means your wishes to accept or refuse medical, surgical, or behavioral health treatment. It also means the right to make directives and give powers of attorney for health care, listed in ORS 127. (See "Advance directives." on **page 182**).

Make a complaint or ask for an appeal. Get a response from AllCare CCO when you do this. (see "Complaints, Grievances, Appeals and Fair Hearings" on **page 190**).

- Ask the state to review if you don't agree with AllCare CCO's decision. This is called a hearing. (see "Complaints, Grievances, Appeals and Fair Hearings" on **page 190**).

Get free certified or qualified health care interpreters for all non-English languages and sign language (see "Free help in other languages and formats." on **page 13**.

Your responsibilities as an OHP member

You must treat others this way:

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

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

You must report this information to OHP :

If you get OHP, you must report certain changes about you and your household. Your OHP approval letter tells you what you must report and when.

You can report changes in one of these ways:

- Use your ONE online account at **One.Oregon.gov** to report changes online.
- Visit any Oregon Department of Human Services Office in Oregon. You can find a list of offices at: **https://www.oregon.gov/odhs/Pages/office-finder.aspx**.
- Contact a local OHP-certified community partner. You can find a community partner at: **https://healthcare.oregon.gov/Pages/find-help.aspx**.
- Call OHP Customer Service weekdays at (800) 699-9075.
- Fax to (503) 378-5628.
- Mail to ONE Customer Service Center, PO Box 14015, Salem, OR 97309.
- There are other rights and responsibilities you have as an OHP member. OHP shared these when you applied. You can find a copy at **https://www.oregon.gov/odhs/benefits/pages/default.aspx**, under the, “Rights and Responsibilities” link.

You must help with your care in these ways:

Choose or help choose your primary care provider or clinic.
Get yearly checkups, wellness visits, and preventive care to keep you healthy.
Be on time for appointments. If you will be late, call ahead or cancel your appointment if you can't make it.
Bring your medical ID cards to appointments. Tell the office that you have OHP and any other health insurance. Let them know if you were hurt in an accident.
Help your provider make your treatment plan. Follow the treatment plan and actively take part in your care.
Follow directions from your providers' or ask for another option.
If you don't understand, ask questions about conditions, treatments, and other concerns related to care.
Use information you get from providers and care teams to help you make informed decisions about your treatment.
Use your primary care provider for tests and other care needs, unless it's an emergency.
Use in-network specialists or work with your provider for approval if you want or need to see someone who doesn't work with AllCare CCO.
Use urgent or emergent services appropriately. Tell your primary care provider within 72 hours if you do use these services.
Help providers get your health record. You may have to sign a form called an "Authorization for Release of Medical Records and Information".
Tell AllCare CCO if you have any issues, complaints, or need help.
If you want services not covered by OHP, fill out an Agreement to Pay form.
If you get money because of an injury, help AllCare CCO get paid for services we gave you because of that injury.

American Indian and Alaska Native members

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

- Tribal wellness centers.
- Indian Health Services (IHS) clinics. Find a clinic at **https://www.ihs.gov/findhealthcare/**.
- Native American Rehabilitation Association of the Northwest (NARA). Learn more or find a clinic at **https://www.naranorthwest.org**.

You can use other clinics that are not in our network. Learn more about referrals and preapprovals on **page 66** and **page 64**.

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

American Indian and Alaska Natives have the right to leave AllCare CCO any time and have OHP Fee-For-Service (FFS) pay for their care. Learn more about leaving or changing your CCO on **page 176**.

If you want AllCare CCO to know you are an American Indian or Alaska Native, contact OHP Customer Service at (800) 699-9075, (TTY 711), or login to your online account at **ONE.Oregon.gov** to report this.

You may be assigned a qualifying tribal status if any one of the following are true. These questions are also asked on the OHP application:

- You are an enrolled member of a Federally Recognized Tribe or a shareholder in an Alaska Native Regional Corporation.
- You get services from Indian Health Services, Tribal Health Clinics, or Urban Indian Clinics.
- You have a parent or grandparent who is an enrolled member of a Federally Recognized Tribe or a shareholder in an Alaska Native Regional Corporation or Village.

New members who need services right away

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

- While waiting for an appointment, you can call Care Coordination at the phone numbers listed at the bottom of this page. They can help you get the care you need. Care coordination can help OHP members with Medicare, too. See **page 115** for Care Coordination.
    - If you are becoming a new Medicare enrollee, see the Members with OHP and Medicare on **page 174** for more information.
- Make an appointment with your PCP as soon as you can. You can find their name and number on your AllCare CCO ID card.
- Call Customer Care at the phone numbers listed at the bottom of this page if you have questions and want to learn about your benefits. They can help you with what you need.

Fee-For-Service (FFS)

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

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

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



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

Family planning

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

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

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

Covered services and supplies include:

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

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

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

Transgender health

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

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

Abortions

Abortions are a fee-for-service benefit covered by the Oregon Health Plan, not AllCare CCO. This includes both medication-induced and surgical abortions. (See **page 41** for more information about fee-for-service benefits.)

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

Women's healthcare

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

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

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

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

Members who are pregnant

If you are pregnant, OHP provides extra services to help keep you and your baby healthy. When you are pregnant, AllCare CCO can help you get the care you need. It can also cover your delivery and your care for one year after your pregnancy. We will cover after pregnancy benefits for a full year, no matter how the pregnancy ends.

Here's what you need to do when you find out you're pregnant:

- **Tell OHP that you're pregnant as soon as you know.** Call (800) 699-9075, TTY 711, or login to your online account at **ONE.Oregon.gov**.
- **Tell OHP your due date.** You do not have to know the exact date right now. If you are ready to deliver, call us right away.
- **Ask us about your pregnancy benefits and Pregnancy Care Options.** (see below).

AllCare CCO pregnancy and prenatal care

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

AllCare CCO pregnancy benefits include:

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

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

AllCare CCO also has the Babe Store. You can "purchase" new baby items with vouchers you earn through community partners such as your OB doctor, behavioral

health providers, and many others. To find out more, call the phone numbers at the bottom of this page.

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

During your pregnancy, we can help you find:

- An OB doctor.
- Nutritional counseling to help you eat healthy foods.
- Birthing classes (we pay for classes taken from contracted instructors).
- Parenting classes.
- For Planned Community Births (PCBs), please see **page 106**.

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

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

Delivery of babies when you are traveling

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

After your pregnancy ends

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

Newborn care

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

Circumcision

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

Immunizations, vaccines (shots)

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

Health services for older children and teens

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

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

Preventing Health Problems is Important

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

Some examples of preventive services are:

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

A healthy mouth also keeps your heart and body healthier.

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

Survey about your health

Shortly after you enroll and if you have a health related change, AllCare CCO will send you a survey about your health. This survey is called a Health Risk Assessment. The survey asks about your general health with the goal of helping reduce risks, keep you healthy, and prevent disease.

You can complete the survey by mail or by calling the phone numbers at the bottom of this page. You can find the AllCare CCO Health Risk Assessment online at **AllCareHealth.com/HealthRiskAssessment**.

The survey asks questions about your general health with the goal of helping reduce health risks, maintain health, and prevent disease.

The survey asks about:

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

- Your primary language.
- Any special health care needs, such as high-risk pregnancy, chronic conditions, behavioral health disorders, and disabilities, modifications needed, etc.
- If you want support from a care coordination team.

Your answers help us find out:

- If you need any health exams, including eye or dental exams.
- If you have routine or special health care needs.
- Your chronic conditions.
- If you need long-term care services and supports
- Safety concerns.
- Difficulties you may have with getting care.
- If you need extra help with Care Coordination. See **page 115**.

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

A care coordination team member will look at your survey. They will call you to talk about your needs and help you understand your benefits.

If we do not get your survey, we will reach out to help make sure it is completed within 90 days of enrollment, or sooner if needed. If you want us to send you a survey you can call AllCare CCO Customer Care at the numbers listed at the bottom of this page and we will send you one.

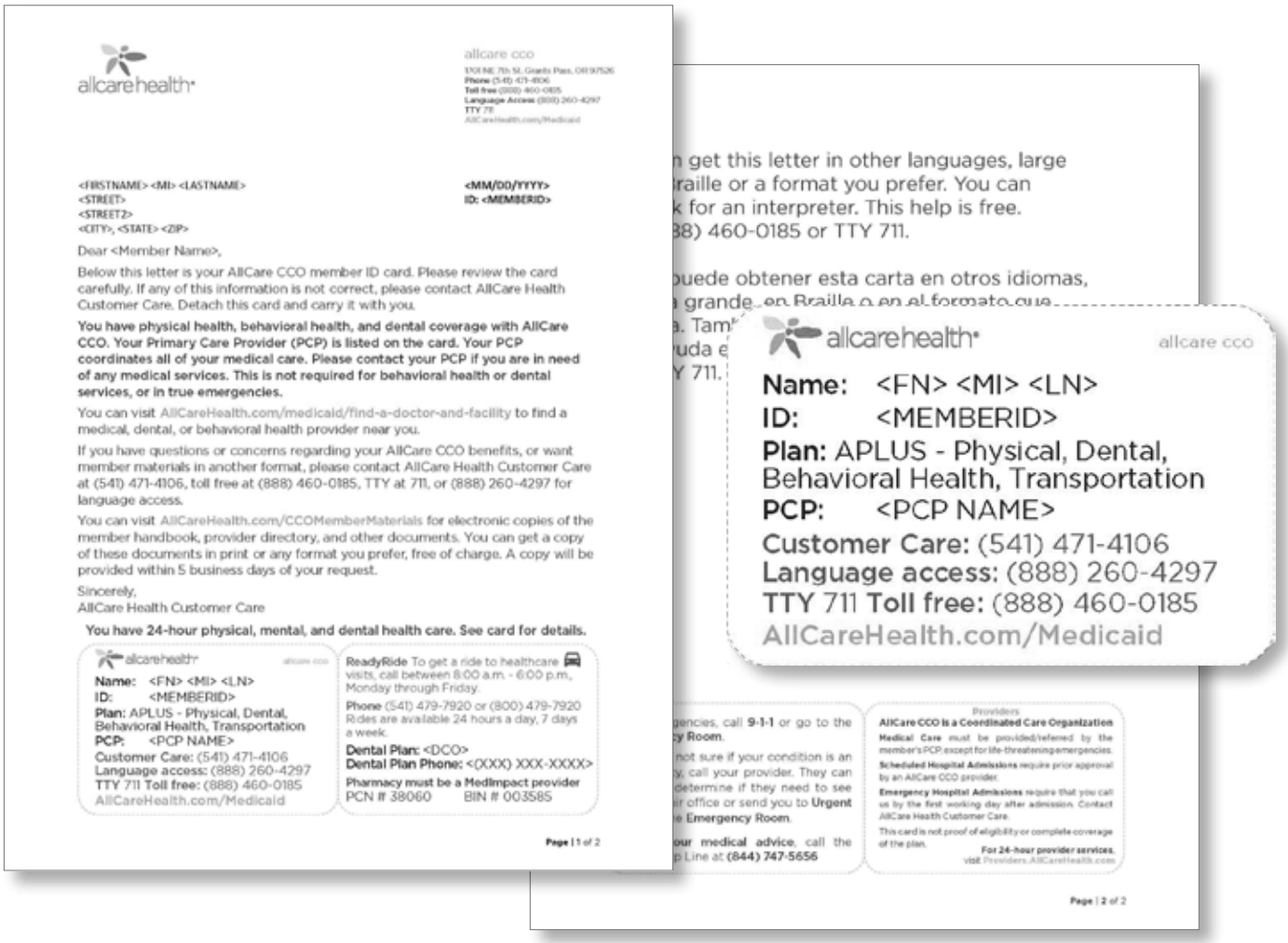
Your survey will be shared with your doctor or other providers to reduce how many times you are asked these questions. Sharing your survey also helps coordinate your care and services.

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

What your Member ID card does for you

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

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



Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

The card is important because it:

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

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

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

Change of address

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

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

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

Other ways to change your address

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

Members can email changes directly to **OregonHealthPlan.Changes@DHSOHA.State.or.us**. Put the change you are requesting in the subject line of the email. A change request can include an address change, name correction, or gender correction. **The above email is not secure.** To send this information in a secure email, go to the Oregon

Health Plan website at **Oregon.gov/OHA/Pages/Contact-Us.aspx**.

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

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

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

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

Primary Care Providers (PCPs)

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

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

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

- Get to know you and your medical history.
- Provide your medical care.
- Keep your medical records up-to-date and in one place.
- Help you get free interpreters, written translations, auxiliary aids, and reasonable modifications.

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

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

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

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

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

Primary Care Dentists (PCDs)

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

You were assigned a dental plan when you first became a member of AllCare CCO. The name and number of your dental plan can be found on the back of your Member ID card. Please call your assigned dental plan to find a dentist that is accepting new patients. Only go to a different dentist in case of emergency or by a referral from your dental plan.

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

For more information about Dental Providers and Benefits see **page 80**.

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

Your PCD is important because they:

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

Please call Customer Care at the numbers listed at the bottom of this page if you would like to change your PCP, PCD or other providers. You can start seeing your new providers on the day this change is made.

Behavioral Health Providers

Behavior Health services are available to all OHP members at no cost. Important: **You do not need prior approval or a referral to get behavioral health services from an in-network provider**. Many of these services are offered in the places you already get care. Some primary care clinics have behavioral health services available in the clinic.

If you have special health care needs or get long-term services and supports, you get

direct access to behavioral health specialists. Call your Care Coordinator if you see a Specialist.

To find out more about Behavior Health Benefits, see **page 89**.

Pharmacies

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

For more information about pharmacies and how to get a prescription filled, see **page 149.**

In-network providers

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

You may be able to see an out-of-network provider for primary care if:

- You are switching CCOs or move from OHP fee-for-service to a CCO (see **page 41**).
- You are American Indian or Alaskan Native (see **page 40**).

Choosing your Primary Care Provider (PCP)

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

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

Provider directory

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

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

- If a provider is taking new patients.
- Provider type (medical, dental, behavioral health, pharmacy, etc).
- How to contact them.
- Video and phone care (telehealth) options.
- Language help (including American Sign Language).
- Modifications for people with disabilities.

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

Using the online "Find-A-Doctor" tool

You can search the "Find-A-Doctor" tool for all available PCPs, PCDs, and other providers in your area.

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



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

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Your PCP (doctor or nurse practitioner) will:

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

If needed, your PCP will:

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

If you already have a Primary Care Provider (PCP)

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

Once you choose a PCP:

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

To choose a PCP, fill out the back of the PCP Selection Form and return it to us within two (2) weeks. If you have not returned your selection form in time, we will choose a PCP for you. You can change your PCP at any time.

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

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

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

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

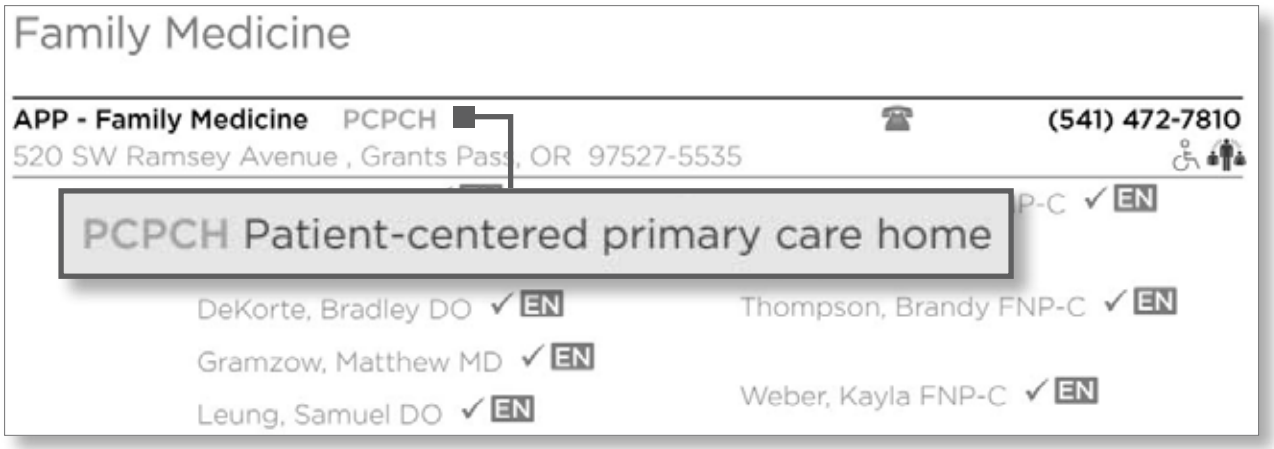
Changes to AllCare CCO providers

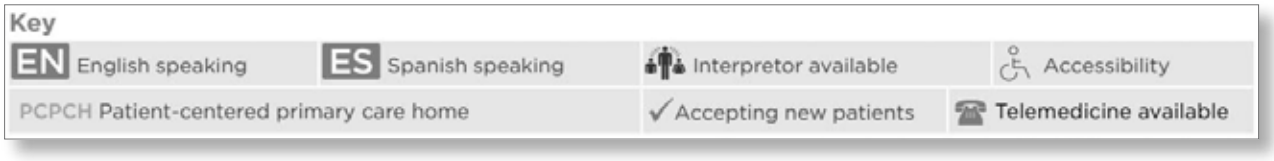
We will tell you when one of your regular providers stops working with AllCare CCO. You will get a letter 30 days before the change happens. If this change was already made, we will send you a letter within 15 days after the change.

Patient-Centered Primary Care Home (PCPCH)

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

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





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

Meeting your Primary Care Provider (PCP)

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

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

To schedule a visit with your PCP, call the number for your provider's office that is provided on your member ID card. They can help you find a time that works for both you and your PCP. If you need help to schedule a visit with your PCP, Care Coordination is available to help. See **page 115**.

Make an appointment

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

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

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

Before your appointment, write down:

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

Call for an appointment during office hours and tell them:

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

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

You can get a free ride to your appointment.

Learn more about free rides to care on **page 130**.

Missed appointments.

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

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

Second opinions

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

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



AllCare CCO is right here to help you understand your benefits. Stop by our offices from 8:00 a.m. to 5:00 p.m., or call us between 8:00 a.m. and 8:00 p.m., Monday through Friday, and let us know how we can help.

Your benefits

How Oregon decides what OHP will cover.

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

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

The condition/treatment pairs are ranked on the list by how serious each condition is and how effective each treatment is.

For members age 21 and older:

Not all condition and treatment pairs are covered by OHP. There is a stopping point on the list called "the line" or "the funding level." Pairs above the line are covered, and pairs below the line are not. Some conditions and treatments above the line have certain rules and may not be covered.

For members under age 21:

All medically necessary and medically appropriate services must be covered, based on your individual needs and medical history. This includes items "below the line" on the Prioritized List as well as services that don't appear on the Prioritized List, like Durable Medical Equipment. See **page 118** for more information on coverage for members under 21.

Learn more about the Prioritized List at:
oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx.

Direct Access

You do not need a referral or preapproval for some services. This is called direct access. See the charts below for services that are direct access and do not need a referral or preapproval.

No referral or preapproval needed

- **Emergency services** (Available 24 hours a day, 7 days a week)
  For physical, dental, or behavioral health.
- **Urgent Care services** (Available 24 hours a day, 7 days a week)
  For physical, dental, or behavioral health.
- **Family Planning and Women's Health Services**
  For routine and preventive care.
- **Sexual Abuse Exams.**
- **Behavioral Health Assessment and Evaluation services.**
- **Outpatient and Peer-Delivered Behavioral Health services**
  From an in-network provider.
- **In-Network Specialists for members** who have Special Health Care Needs or need Long-Term Services and Supports.

See the Benefits Charts on **page 68** for more information.

Getting preapproval (sometimes called a "prior authorization")

Some services, like surgery or inpatient services, need approval before you get them. This is to make sure that the care is medically needed and right for you. Your provider will take care of this, and may submit information to us to support you getting the service. Even if the provider is not required to send us information, AllCare CCO may still need to review your case to make sure that you should receive the service.

You should know that these decisions are based only on whether the care or service is right for you and if you are covered by AllCare CCO. AllCare CCO does not reward

providers or any other persons for issuing denials of coverage or care. Extra money is never given to anyone who makes a decision to say no to a request for care. Contact AllCare CCO Customer Care at the phone numbers listed at the bottom of this page if you:

- Have questions.
- Need to reach our Utilization Management Department.
- Need a copy of the clinical guidelines.

You might not get the service if it is not approved. We review preapproval requests as quickly as your health condition requires. Most service decisions are made within 7 days. Sometimes a decision may take up to 21 days. This only happens when we are waiting for more information. If you or your provider feel following the standard time frame puts your life, health or ability to function in danger, we can make a faster decision called an "expedited service authorization". Expedited service decisions are typically made within 72 hours, but there may be a 14-day extension. You have the right to complain if you don't agree with an extension decision. See **page 190** for how to file a complaint.

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

See **page 149** to learn about prescriptions.

You do not need approval for emergency or urgent services or for emergency aftercare services. See **page 157** to learn about emergency services.



No preapproval is required for these services

- Outpatient behavioral health services or peer delivered services (in network).
- Behavioral Health assessment and evaluation services.
- Medication Assisted Treatment for Substance Use Disorder (first 30 days).
- Assertive Community Treatment (ACT) and Wraparound services (a screening is required).

See the Benefits Charts on **page 68** for more information.

Provider referrals and self-referrals

For you to get care from the right provider a referral might be needed. A **referral** is a written order from your provider noting the need for a service.

For example: If your PCP cannot give you services you need they can refer you to a specialist. If preapproval is needed for the service, your provider will ask AllCare CCO for approval.

If there is not a specialist close to where you live or a specialist who works with AllCare CCO (also called in-network), they may have to work with the Care Coordination team to find you care out-of-network. To see an out-of-network provider, they must work with the Oregon Health Plan. There is no extra cost if this happens.

A lot of times your PCP can perform the services you need. If you think you might need a referral to a health care specialist, ask your PCP. You do not need a referral if you are having an emergency.



Services that need a referral:

- **Specialist Services.**
  If you have special health care needs, your health care team can work together to get you access to specialists without a referral.
- **Wraparound Services.**

If you use a dental care provider that is not your primary care dentist, you may need a referral for these services:

- Oral exams.
- Partial or complete dentures.
- Extractions.
- Root canal therapy on molars.

See the Benefits Charts on **page 68** for more information.

Some services do not need a referral from your provider. This is called a self-referral.

A **self-referral** means you can look in the provider directory to find the type of provider you would like to see. You can call that provider to set up a visit without a referral. Learn more about the Provider Directory on **page 56**.

Services you can self-refer to:

- Visits with your PCP.
- Care for sexually transmitted infections (STIs).
- Immunizations (shots).
- Traditional health worker services.
- Routine vision providers in the network.
- Dental providers in the network.
- Family planning services (including out-of-network).
- Mental health services for problems with alcohol or other drugs.
- Assertive Community Treatment.
- Behavioral health services, including inpatient and residential services (in network).

See the Benefits Charts on **page 68** for more information.

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Care at the phone numbers listed at the bottom of this page if you have questions about if you need a preapproval to get a service.

Benefits charts icon key

		
Services that need preapproval	**Services that need a referral**	**No referral or preapproval needed**
Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.	A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.	You do not need a referral or preapproval for some services. This is called direct access.

Physical health benefits

See the following chart for a list of medical benefits that are available to you at no cost. Look at the "Service" column to see how many times you can get each service for free. Look at the "How to access" column to see if you need to get a referral or preapproval for the service. AllCare CCO will coordinate services for free if you need help.

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

What OHP Covers but may need a referral or prior authorization.
If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. Please see **page 118** to learn more.

Service	How to access	Who can get it
Care Coordination *Care Coordination services can organize care activities, help you with chronic conditions, and bring together your care team. Example: Case management.* No limit. See "Get help organizing your care with Care Coordination" on **page 115** for more information.	 No referral or preapproval.	All Members.
Comfort Care & Hospice Services *End-of-life care like help managing symptoms and pain. Example: Hospice.*	 No referral or preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Diagnostic Services *Tests, exams or procedures to identify a condition or injury. Examples: Blood test or biopsy.* As recommended. No limit, but you must be assigned to a PCP.	 No referral or preapproval.	*All Members.

Service	How to access	Who can get it
Durable Medical Equipment *Supplies and equipment that don't wear out. Examples: Walkers or diabetic supplies.* As recommended.	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Early & periodic screening, diagnosis and treatment (EPSDT) services *Care, screenings and assessments of physical and mental health development for members under 21. Example: Well care visits, and Lead toxicity screening. This includes coverage for all medically necessary and medically appropriate services for members under 21.* As recommended.	 No referral or preapproval for well child care, screenings and some assessments. Referrals or preapproval may be required for other services.	Members ages 0-20 years old. Youth with Special Health Care Needs: 0-21 years old in 2026.
Elective Surgeries/ Procedures *Surgeries and procedures that are not medically necessary or a result of an emergency. Example: Kidney stone removal.*	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.

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Service	How to access	Who can get it
Emergency medical transportation *Ride to hospital because of an emergency. Example: Ambulance ride.* No limit.	 No referral or preapproval.	All Members.
Emergency services *Immediate medical care for an emergency. Example: Care when you have trouble breathing.* No limit.	 No referral or preapproval.	All Members.
Family planning services and supplies *Care to help you plan the timing and number of children you have or do not have. Example: Birth control or annual exams.* Family planning services can be obtained from out of network providers.	 No referral or preapproval.	All Members. Limits based on covered drug list. See drug list at **AllCareHealth.com/Medicaid/Formulary** or call us.
Gender affirming care *Care to help support and affirm gender identity. Example: Hormone therapy.* No limit.	 No referral or preapproval.	All Members.

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Service	How to access	Who can get it
Hearing services* *These services include things to test hearing or help you hear better. Examples: Audiology or hearing aids.* As recommended.	 Some services require referral and/or preapproval.	*All Members. Adults who qualify are limited to one hearing aid every five years (two may be authorized if certain rules are met) Children who qualify are allowed two hearing aids every three years. Additional hearing aids will be reviewed for medical appropriateness.
Home Health Services *Care in your home, often during an illness or after an injury. Example: Physical therapy.* As recommended.	 Some services require referral and/or preapproval.	All Members.
Immunizations and Travel Vaccines *Shots and vaccines to help keep you healthy. Example: Flu vaccine.* No limit.	 No referral or preapproval.	All Members.
Inpatient Hospital services *Care when you must stay in the hospital overnight. Example: Surgery.* As recommended.	 Some services require referral and/or preapproval.	All Members.

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Service	How to access	Who can get it
Language Access Services *Someone to help you with interpretation and translation in the language you need.* No limit.	 No referral or preapproval.	All Members.
Laboratory Services, X-Rays, and other procedures *These are tests your provider might use to check your health. Examples: Urine test or X-ray.* As recommended.	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Maternity Services *Care you get before, during, and after a pregnancy. Example: Prenatal visit.* As recommended.	 No referral or preapproval.	All Members.
Outpatient Hospital Services *Hospital care that you can get without staying overnight. Examples: Chemo, Radiation, or Pain Management.* As recommended.	 Some services require preapproval.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.

Service	How to access	Who can get it
Palliative Care *Care for members with serious illnesses, which may include services such as care coordination, mental health services, social work services, spiritual care services, pain and symptom management and 24-hour clinical phone support.* As recommended.	  Some services require referral and/or preapproval.	All Members.
Pharmaceutical Services (Prescription Medication) *Drugs you need to take to help keep or make you healthy. Example: Blood pressure medication.* Limits based on covered drug list. See drug list at **AllCareHealth.com/Medicaid/Formulary** or call us.	 Some drugs require preapproval.	All Members.** **Members eligible for Medicare Part D should get prescription drugs through a Part D plan.
Physical Therapy, Occupational Therapy, Speech Therapy *Therapies focused on improving or keeping your ability to move your body or perform daily activities. Example: Exercises to improve balance after a fall.*	 Preapproval may be required.	All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules. Therapy for members over age 21 is limited to a maximum of 30 visits per 12 month calendar year.

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Service	How to access	Who can get it
Preventive Services *Regular care and screenings to keep you and your family healthy. Some examples are: physical examinations, immunizations, , screenings (cancer, etc.), diabetes prevention, nutritional counseling, tobacco cessation services, etc.* As recommended.	 No referral or preapproval.	All Members.
Primary Care Provider Visits *Visits with your doctor for checkups, screenings, and non-urgent care. Example: Annual exam.* No Limit.	 No referral or preapproval.	All Members
Rides to care. Also called Non-Emergent Medical Transportation (NEMT) Services *Free rides to care or other transportation help like bus passes and pay for mileage.* Some limits apply. See **page 130** for more information.	 No referral. Preapproval may be required.	All Members.

Service	How to access	Who can get it
Sexual Abuse Exams *Exam after sexual abuse, can include gathering evidence and getting lab tests.* No limit.	 No referral or preapproval.	All Members.
Specialist Services *Care from a provider who has special training to care for a certain part of the body or type of illness. Example: Cardiologist (heart specialist).* As recommended.	  Some services require referral and/or preapproval.	*All Members.
Surgical Procedures *Care to physically treat, remove, or alter your body to keep or make you healthy. Example: Removing an invlamed appendix.* As recommended.	  Some services require referral and/or preapproval.	*All Members. Approved Services are limited by your individual treatment plan and the Oregon Health Plan benefit rules.
Telehealth Services *Getting care by phone, video, or online. Example: Virtual visits.* No limit.	 No referral or preapproval.	All Members.

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Service	How to access	Who can get it
Traditional Health Worker (THW) Services *Getting care or services from someone with similar life experiences. They can help you get care to support your wellbeing. Example: Peer Support Specialist.* No limit.	 No referral or preapproval.	All Members.
Urgent Care Services *Care you get when your health need is more urgent than a regular appointment. Examples: Sprains and strains.* No limit.	 No referral or preapproval.	All Members.
Women's Health Services (in addition to PCP) for routine and preventive care *Care for women's special health needs. Examples: Pap test, breast exam, or wellness visit.* No limit.	 No referral or preapproval.	All Members.

Service	How to access	Who can get it
Vision Services Non-pregnant adults (21+) are covered for: • Routine eye exams every 24 months. • Medical eye exams when needed. ○ Corrective lenses / accessories only for certain medical eye conditions. Members under 21*, pregnant adults, adults up to 12 months post-partum are covered for: • Routine eye exams when needed. • Medical eye exams when needed. • Corrective lenses / accessories when needed. *Examples of medical eye conditions are aphakia, keratoconus, or after cataract surgery.* As recommended.	 No referral or preapproval.	*All Members. *OHP Plus and CWM Plus members under age 21 can get a routine eye exam whenever it is clinically appropriate. *Corrective lenses are only covered if the member is under age 21, pregnant, or has certain eye conditions. Members under 21*, pregnant adults, adults up to 12 months post-partum are covered for: Medical eye exams when needed; Corrective lenses / accessories when needed

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

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What OHP Covers but may need a referral or prior authorization.
If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. Please see **page 118** to learn more.

Service	How to access	Who can get it
Skilled Nursing Facility care. *Skilled nursing facility is an in-patient, short-term rehabilitation and medical treatment center staffed with trained medical professionals.* Limit is 20 days.	 Preapproval is required.	All Members.

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

Dental health providers

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

You were assigned a dental plan when you first became a member of AllCare CCO. The name and number of your dental plan can be found on the back of your Member ID card. Your dental plan will be one of the plans listed below.

Advantage Dental: (866) 268-9631 or TTY 711
8:00 a.m. to 5:00 p.m., Monday - Friday
24-Hour After Hours Call System: (866) 268-9631
advantagedentalservices.com

Capitol Dental Care: (800) 525-6800 or TTY 711
7:00 a.m. to 6:00 p.m., Monday - Friday
interdent.com/capitoldentalcare/members/list-of-providers/

ODS Community Dental: (800) 342-0526 or TTY 711
7:00 a.m. to 5:30 p.m., Monday - Friday
odscommunitydental.com/members

Dental benefits

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

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

- Can help prevent pain.
- Healthy teeth keep your heart and body healthy, too.
- You should see your dentist once a year.
- When you're pregnant, keeping your teeth and gums healthy can protect your baby's health.

- Fixing dental problems can help you control your blood sugar.
- Children should have their first dental check-up by age 1.
- Infection in your mouth can spread to your heart, brain and body.

Preventive.

- Exams - Members under 19 years old, twice (2) a year. All other members, once (1) a year.
- Cleanings - Members under 19 years old, twice (2) a year. All other members, once (1) a year.
- Fluoride Varnish - Members through age 18, twice (2) a year. Members through age 18 with high risk, four (4) times per year. Members 19 years old and up once (1) a year. Members 19 years old and up with high risk, up to four (4) times per year.
- X-rays.
- Sealants - Members 16 years and under, adult back teeth, once (1) every 5 years.

Restorative.

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

- Fillings.
- Partial dentures, members 16 years and older, every 5 years.
- Complete dentures, members 16 years and older, every 10 years.
- Stainless steel crowns for premolars/molars (back teeth).
- Oral surgery and endodontics.
- Tooth removal.
- Root canals for front teeth (Incisors and Canines) and Premolars.
- 1st Molar Root Canal Therapy (under 21 years old and/or currently pregnant).
- 2nd Molar Root Canal Therapy (under 21 years old).

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

For pregnant women.

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

Open Access Points

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

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

Your primary care dentist (PCD) may refer you to a specialist for certain types of care. Types of dental specialists include:

- Endodontists (for root canals)
- Pediodontist (for adults with special needs, and children)
- Periodontist (for gums)
- Orthodontist (in extreme cases, for braces)
- Oral surgeons (for extractions that require sedation or general anesthesia).

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

All covered services are free. These are covered as long as your provider says you need the services. Look at the "Service" column to see how many times you can get each service for free. Look At the "How to access" column to see if you need to get a referral or preapproval for the service. If you see an * in the benefit charts, this means a service may be covered beyond the limits listed for members under 21 if medically necessary and appropriate. Please see **page 118** to learn more.

Service	How to access	Who can get it
Care Coordination *Care Coordination services can organize care activities, help you with chronic conditions, and bring together your care team. Example: Case management.* No limit. See "Get help organizing your care with Care Coordination" on **page 115** for more information.	 No referral or preapproval.	All Members.
Emergency and Urgent Dental care *Care for dental problems that need immediate attention. No limits. Examples: Extreme pain or infection, bleeding or swelling, injuries to teeth or gums.* No limit.	 No preapproval required.	All members.

Oral exams *An oral exam is when the dentist does a check-up to look for any areas where additional care may be needed. This includes looking for cavities or gum disease.* Members under 21 years old: Twice a year* All other members: Once a year.	 No preapproval required. Referral needed if not your PCD.	All members.
Oral cleanings *Dental cleanings help with long-term oral health. When you go for your routine cleaning, the plaque, tartar, and bad bacteria are removed. This helps prevent cavities.* Members under 21 years old: Twice a year* All other members: Once a year.	 No preapproval required.	Pregnant women and members under 21 years of age.
Fluoride treatment *A treatment to help strengthen and protect teeth.* Member under 21: Twice a year* High risk youth and adults: Up to four times per year* All other adults: Once a year*	 No preapproval required.	Pregnant women and members under 21 years of age.

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Oral (Mouth) X-rays *X-rays create a picture of your teeth and bones. Your dentist uses this to help review your oral health. Routine X-rays are covered once a year, more are covered if dentally or medically appropriate.* Once a year.	 No preapproval required.	All members.
Sealants *Thin coatings painted on the back teeth (molars) that can prevent cavities (tooth decay) for many years.*	 No preapproval required.	Under Age 16: Permanant molars once every 5 years.
Fillings *A filling is used to treat a small hole, or cavity, in a tooth. There are no limitations. Replacement of a tooth-colored filling for a tooth not seen while smiling is limited to once every 5 years.** As needed.	 No preapproval required.	All members.*

Partial or complete dentures *Dentures replace missing teeth. There are two types of dentures: complete and partial dentures.* • Partial dentures are artificial, and usually removable replacements of one or more teeth. Once Every 5 Years. • Complete dentures are used when all the teeth are missing and partial dentures are used when some natural teeth are left. Once Every 10 Years.	 Preapproval required. Referral needed if not your PCD.	All members.
Crowns Crowns are not covered for all teeth. Some Upper and Lower Front Teeth. 4 Crowns Every 7 Years.* *A dental crown is a tooth-shaped cap that covers a damaged tooth.*	 Preapproval required. Referral needed if not your PCD.	Pregnant members or members under age 21.*
Extractions *An extraction is the removal of a tooth or teeth from the mouth.* As needed.	 Referral needed if not your PCD.	All members.

Root Canal Therapy *Root Canal therapy is a dental procedure to remove inflamed or infected pulp on the inside of the tooth which is then carefully cleaned and disinfected, then filled and sealed.* Not covered on third molars (Wisdom teeth). All members: Coverage for front teeth, anterior and bicuspid teeth. Pregnant members: Coverage for anterior, bicuspid teeth and first molars. Members under 21: Coverage for anterior, bicuspid teeth, and first and second molars.	 Preapproval required for molars. Referral needed if not your PCD.	All members.
Orthodontics As needed. *Care to diagnose and treat teeth or jaws that do not align. Examples: For cleft lip and palate, or when speech, chewing and other functions are affected.*	 Preapproval required.	Members under 21.*

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

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Veteran and Compact of Free Association (COFA) Dental Program members

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

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

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

Behavioral Health Benefits

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

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

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

A Community Mental Health Program (CMHP) will be the best place to get all this care in one place. The list of in-network CMHPs begins on **page 92**.

Behavioral Health treatment services include:

- Assessment.
- Counseling.
- Groups.

Behavioral Health Crisis Hot Lines	
Jackson **(541) 774-8201**	Josephine **(541) 474-5360**
Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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

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

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- Medication management.
- Skills training.
- Case management.
- Peer delivered services/peer support.
- Programs to help with daily and community living.
- Intensive outpatient.
- Acupuncture.
- Medication Assisted Treatment (MAT) to help you cut down or stop using alcohol or drugs. Prior Authorization is not required for the first 30 days. These treatments include:
    - Methadone.
    - Suboxone.
    - Buprenorphine.
    - Vivitrol.
- Medical detox.
- Residential treatment for adults, youth and parents with young children.

Peer Delivered Services

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

- Show you how to get the right services for you and your family.
- Go to meetings with you.
- Support you in your recovery.

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- Support you in parenting children with special physical or behavioral health needs.

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

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Care at the phone numbers listed at the bottom of this page if you have questions about if you need a preapproval to get a service.

Benefits charts icon key

		
Services that need preapproval	**Services that need a referral**	**No referral or preapproval needed**
Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.	A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.	You do not need a referral or preapproval for some services. This is called direct access.

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Community Mental Health Programs (CMHP)

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

Program	What is it?	Who is eligible?	How do you get it?
Wraparound Care	A planning process that helps children and their families achieve their goals by putting them at the center of their care.	Children and youth that meet medical criteria.  Referral needed.	Anyone can complete a Wraparound Referral. Any place you get health care can work with a member or family to complete a referral. Referrals are given to your local Community Mental Health Program (CMHP) or directly to the local Wraparound Review Committee. Once eligible for wraparound, children and youth may receive services through age 25.

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Program	What is it?	Who is eligible?	How do you get it?
Early Assessment and Support Alliance (EASA)	A statewide network of programs which identify youth with symptoms of psychosis as early as possible. EASA provides team based support and treatment.	Members aged 15 to 25 who may be having their first psychotic episode. No preapproval required.	Anyone can refer to EASA. If you think you or someone else might be having the first signs of psychosis, you can call your nearest EASA team for more information or to make an appointment. • Jackson County (541) 770-7768 • Josephine County (541) 244-3138 • Curry County (877) 408-8941 or visit the EASA website at: **EasaCommunity.org.**

Behavioral Health Crisis Hot Lines

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Program	What is it?	Who is eligible?	How do you get it?
Applied Behavior Analysis (ABA)	A service that helps reduce behaviors that interfere with learning or which may be harmful.	Members with Autism.  Preapproval and referral required.	Before a member can be referred to ABA, they must have an evaluation by a doctor with experience diagnosing Autism.

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Program	What is it?	Who is eligible?	How do you get it?
Parent-Child Interaction Therapy (PCIT)	A treatment for young children that have a behavioral problem. Professionals observe and coach the interactions of parents or caregivers and their child. This helps to improve the child and parent skills and relationship.	Members ages 2 to 7 and their parents or caregivers who are having parent-child relationship or behavioral problems.  No preapproval required.	Parents or caregivers can call or go to an in-network CMHP to ask about PCIT. They will do an assessment to see if you and your child might benefit from PCIT.

Behavioral Health Crisis Hot Lines

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Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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Program	What is it?	Who is eligible?	How do you get it?
Psychiatric Day Treatment	An intensive five-day-per-week program for children with severe emotional and behavioral problems. This includes mental health treatment, family therapy, and schooling.	Members ages 5 to 15 who have a mental health diagnosis. Their behaviors make life, school, and relationships difficult. They need mental health treatment almost every day for several hours each day.  No preapproval required.	Parents or caregivers can call or go to an in-network CMHP to ask about Day Treatment. Your child's school can also refer for Day Treatment. CMHP will do an assessment and talk to your child's school to see if Day Treatment is the best treatment.

Behavioral Health Crisis Hot Lines

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

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

Program	What is it?	Who is eligible?	How do you get it?
Adults with serious mental illness may need more support and can access these programs from an in-network Community Mental Health Program (CMHP):			
Assertive Community Treatment (ACT)	An intensive treatment for adults with serious persistent mental illness (SPMI). ACT provides a team that works with a member in the community. A counselor, case manager, psychiatrist, nurse, and others are on the team.	Adult Members aged 18 and older with a SPMI diagnosis. Their mental health problems make it difficult for them to get treatment at a mental health agency.  No preapproval required.	A member with SPMI, their family, or another provider can call or go to the in-network CMHP to get screened for ACT services.
Supported Employment (SE)	A program that helps members with serious mental illness get employment or education.	Adult members aged 18 and older with serious mental illness who express the desire to work or go to school.  No preapproval required.	Members, their family, or providers can call or go to an in-network CMHP and request SE services. The SE specialist will work with the member to determine which services are best.

Program	What is it?	Who is eligible?	How do you get it?
Choice Model	Coordination for adults with serious mental illness who are in Oregon State Hospital (OSH) or residential programs. The goal is to make sure members are getting mental health care at the lowest level of care possible.	Adults aged 18 and older with serious mental illness who need residential or long-term mental health care.  No preapproval required.	The member, their family, or mental health provider can talk to the Choice Model Coordinator for the member's county. **Curry County** Adapt Integrated Health Care **Jackson County** Jackson County Mental Health **Josephine County** Options for Southern Oregon

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

Behavioral Health Crisis Hot Lines

Jackson **(541) 774-8201**	Josephine **(541) 474-5360**
Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Behavioral Health prescriptions

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

Substance Use Treatment Benefits

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

- Drug and alcohol assessment.
- Outpatient treatment.
- Residential treatment.
- Acupuncture.
- Peer services and supports.
- Intensive outpatient treatment.
- Detoxification.
- Case management.
- Behavioral health screenings (typically done at your doctor's office).
- Medication assisted treatment, including Methadone maintenance. Prior Authorization is not required for the first 30 days.
- Individual and group counseling for you and your family members.
- Care coordination for members who need help finding or connecting to services. Especially if there are special health care needs such as disability, elderly, mental illness, pregnancy, limited English, etc.

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

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

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

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Care at the phone numbers listed at the bottom of this page if you have questions about if you need a preapproval to get a service.

Benefits charts icon key



Services that need preapproval

Some services need approval before you get the service. Your provider must ask the CCO for approval. This is known as a preapproval.



Services that need a referral

A referral is a written order from your provider noting the need for a service. You must ask a provider for a referral.



No referral or preapproval needed

You do not need a referral or preapproval for some services. This is called direct access.

Behavioral Health Crisis Hot Lines

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Service	How to access	Who can get it
Class 7 & 11 prescription drugs (behavioral health drugs). *Class 7 & 11 prescription drugs (behavioral health drugs) are strong medications to treat behavioral health disorders.* These drugs are paid for by fee-for-service OHP, not AllCare CCO. Talk to your doctor about preapproval.	 Some drugs require a preapproval.	*All Members** **Members eligible for Medicare Part D should get prescription drugs through a Part D plan.
Detoxification and residential treatment services. *Detoxification and residential treatment services is treatment to help you stop using alcohol and drugs.* No limit.	 Admission notification is required for detoxification and residential treatment services.	All members.

Behavioral Health Crisis Hot Lines

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Intensive and inpatient mental health treatment. *Intensive and inpatient mental health treatment is an overnight or longer stay in a psychiatric hospital or psychiatric unit of a hospital, with treatment that is greater than normal therapy.* No limit.	 Some intensive and inpatient treatments require a preapproval.	*All Members
(MAT) Medication assisted therapy (drugs) for Substance Use Disorder (addiction). *(MAT) Medication assisted therapy (drugs) are medications used with counseling and behavioral therapies for the treatment of substance use disorders.* Limits based on covered drug list. See drug list at **AllCareHealth.com/Medicaid/Formulary** or call us.	 Some drugs require a preapproval. Formulary MAT drugs for substance use disorder is always covered without preapproval for the first 30 days of treatment.	All members** **Members eligible for Medicare Part D should get prescription drugs through a Part D plan.

Behavioral Health Crisis Hot Lines

Jackson **(541) 774-8201**	Josephine **(541) 474-5360**
Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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

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

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Substance Use Disorder (addiction) detoxification and residential treatment services. *Substance Use Disorder (addiction) detoxification and residential treatment services is treatment to help you stop using alcohol and drugs.* No limit.	 Admission notification is required for detoxification and residential treatment services.	All Members.

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

Other services and care that AllCare CCO pays for

Vision Care

AllCare CCO provides limited vision services, as listed below:

- Members who have the OHP Plus (BMM, BMH, and BMD) benefit packages, can get a routine eye exam once every 24 months for adults age 21 and older.
- OHP Plus members under age 21 and CWM Plus (CWX) members, can get a routine eye exam whenever it is clinically appropriate.
- Corrective lenses are only covered if the member is under age 21, pregnant, or has certain eye conditions.
- Diabetics may receive a diabetic eye exam one (1) time every year.
- Members under 21, pregnant adults, and adults up to 12 months post-partum are covered for:
    - Medical eye exams when needed;
    - Corrective lenses / accessories when needed.

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

Eye problems

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

Hearing Care

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

Adults who qualify are limited to one hearing aid every five (5) years (two may be authorized if certain rules are met). Children who qualify are allowed two hearing aids every three years. Additional hearing aids will be reviewed to see if they are needed medically.

AllCare CCO will pay for some hearing aids and batteries. Please call Customer Care at the phone numbers listed at the bottom of this page about hearing aid benefits.

Medical Equipment

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

Services that OHP pays for

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

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

Services with AllCare CCO Care Coordination.

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

Contact AllCare CCO for the following services:

- Planned Community Birth (PCB) services include prenatal and postpartum care for people experiencing low risk pregnancy as determined by the OHA Health Systems Division. OHA is responsible for providing and paying for primary PCB services including at a minimum, for those members approved for PCBs, newborn initial assessment, newborn bloodspot screening test, including the screening kit, labor and delivery care, prenatal visits and postpartum care.
- Long term services and supports (LTSS) not paid by AllCare CCO.
- Family Connects Oregon services. **https://www.familyconnectsoregon.org/**

- Helping members to get access to behavioral health services. Examples of these services are:
    - Certain medications for some behavioral health conditions.
    - Therapeutic group home payment for members under 21 years old.
    - Long term psychiatric (behavioral health) care for members 18 years old and older.
    - Personal care in adult foster homes for members 18 years and older.
- And other services

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

Services that OHP pays for and provides care coordination

Contact OHP will for the following services:

- Comfort care (hospice) services for members who live in skilled nursing facilities.
- School-based services that are provided under the Individuals with Disabilities Education Act (IDEA). For children who get medical services at school, such as speech therapy.
- Medical exam to find out if you qualify for a support program or casework planning.
- Services provided to Healthier Oregon Program members.
- Abortions and other procedures to end pregnancy.
- Doctor aided suicide under the Oregon Death with Dignity Act and other services.

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

You can still get a free ride from ReadyRide if you have no other way to get to these services. See **page 130** for more information. Call ReadyRide at (800) 479-7920 to schedule a ride or ask questions.

Moral or Religious objections.

AllCare CCO does not limit services based on moral or religious objections. Some providers could have moral or religious objections. There may be some providers within our network that might have moral or religious objections. Call Customer Care at the phone numbers listed at the bottom of this page if you have questions about this. We will help you get the care you need from another provider.

Access to the care you need

Access means you can get the care you need. You can get access to care in a way that meets your cultural and language needs. AllCare CCO will make sure that your care is coordinated to meet your access needs. See **page 115** for more information about Care Coordination. If AllCare CCO does not work with a provider who meets your access needs, you can get these services out-of-network. AllCare CCO makes sure that services are close to where you live or close to where you want care. This means that there are enough providers in the area and there are different provider types for you to pick from.

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

AllCare CCO follows the state's rules about how far you may need to travel to see a provider. The rules are different based on the provider you need to see and the area you live in. Primary Care Providers are "Tier 1", meaning they will be closer to you than a specialist like Dermatology, who is "Tier 3". If you live in a remote area it will take longer to get to a provider than if you live in an urban area. If you need help with transportation to and from appointments, see **page 130**.

The chart below lists the tiers of providers and the time (in minutes) or distance (in miles) of where they are located based on where you live.

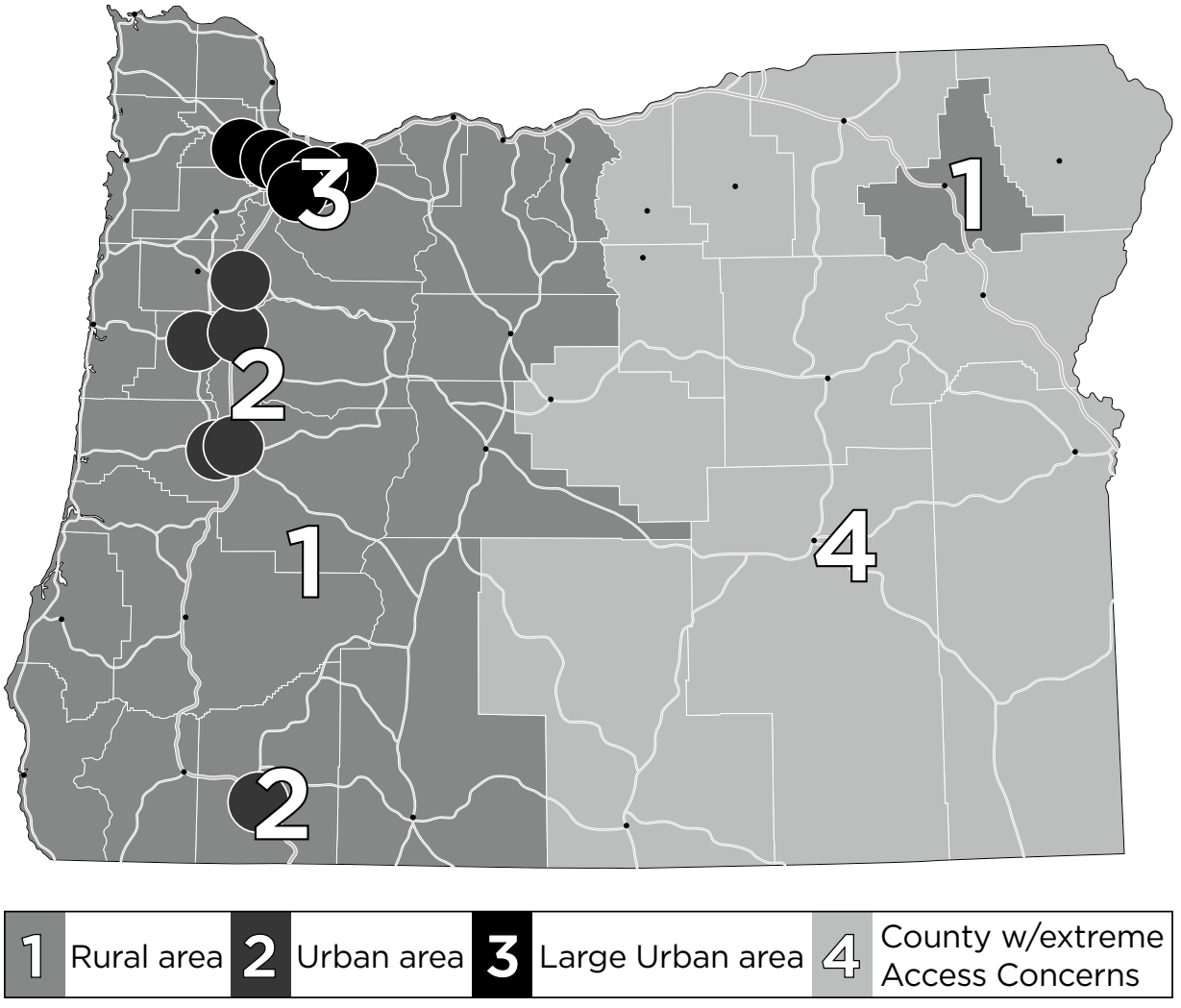
	Large Urban	Urban	Rural	County with Extreme Access Considerations
Tier 1	10 mins or 5 miles	25 mins or 15 miles	30 mins or 20 miles	40 mins or 30 miles.
Tier 2	20 mins or 10 miles	30 mins or 20 miles	75 mins or 60 miles	95 mins or 85 miles.
Tier 3	30 mins or 15 miles	45 mins or 30 miles	110 mins or 90 miles	140 mins or 125 miles

For more information about what providers fall into the different tiers, go to OHA's Network Adequacy website at: **https://www.oregon.gov/oha/HSD/OHP/Pages/network.aspx**.

Area Types:

- **Rural (1)**
  Greater than 10 miles from center of 40,000 or more with county population density greater than 10 people per square mile.
- **Urban (2)**
  Less than or equal to 10 miles from center of 40,000 or more.
- **Large Urban (3)**
  Connected Urban Areas, as defined above, with a combined population size greater than or equal to 1,000,000 persons with a population density greater than or equal to 1,000 persons per square mile.
- **County with Extreme Access Concerns (4):**
  Counties with 10 or fewer people per square mile.

Not sure what kind of area you live in? See the map below:



Our providers will also make sure you will have physical access, reasonable accommodations, and accessible equipment if you have physical and/or mental disabilities. Contact AllCare CCO Customer Care to request accommodations. Providers also make sure office hours are the same for OHP members and everyone else.

Rides to get care.

You can get free rides to covered visits if you have no other way to get there. See **page 140** to learn how your benefit works to help you with gas or rides. Call ReadyRide at **(800) 479-7920** for help or to schedule a ride.

Pick a provider.

You have the right to choose your provider and where you get your health care. You can pick from the list of providers who work with AllCare CCO. The list of providers is called the AllCare CCO Provider Directory. Learn more about the directory on **page 56**.

Help organizing your care.

Care coordination means you will get help to schedule your visits, get support and resources. Learn more about care coordination on **page 115** or call Customer Care at the phone numbers listed on the bottom of this page.

How long it takes to get care

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

Care type	Time-frame
Physical health	
Regular appointments.	Non-urgent appointments and Well Care are scheduled within 4 weeks.
Urgent Care.	Urgent visits are scheduled within 72 hours or as indicated in the initial screening.

Care type	Time-frame
Emergency Care.	Emergency: Members Seen same day as admission or visit and treated immediately or referred immediately to an emergency department depending on the member's condition.
Oral and dental care for children and non-pregnant people	
Regular oral health appointments.	Non-urgent appointments and Well Care are scheduled within 8 weeks.
Urgent oral care.	Urgent visits are scheduled within two weeks or as indicated in the initial screening.
Dental Emergency services.	Emergency: Seen or treated within 24 hours
Oral and dental care for pregnant people	
Routine oral care.	Within 4 weeks unless there is a clinical reason to wait longer.
Urgent dental care.	Within 1 week.
Dental emergency services.	Seen or treated within 24 hours.
Behavioral health	
Routine behavioral healthcare for non-priority populations.	Routine behavioral health treatment is scheduled within 7 days, with a second appointment as clinically appropriate.
Urgent behavioral healthcare for all populations.	Urgent behavioral health treatment: Seen or treated within 24 hours or as indicated in the initial screening.

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Care type	Time-frame
Specialty behavioral healthcare for priority populations*	
Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages 0-5 years, members with HIV/AIDS or tuberculosis, members at the risk of first episode psychosis and the I/DD population.	Immediate assessment and entry. If interim services are required because there are no providers with visits, treatment at proper level of care must take place within 120 days from when patient is put on a wait-list.
IV drug users including heroin.	Immediate assessment and entry. Admission for services in a residential level of care is required within 14 days of request, or, placed within 120 days when put on a wait-list because there are no providers available.
Opioid use disorder.	Assessment and entry within 72 hours.
Medication assisted treatment.	As soon as possible, but no more than 72 hours for assessment and entry.
Children with serious emotional disturbance as diagnosed by an appropriate provider.	As quickly as possible. It is AllCare's goal that this population not be waitlisted.

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

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

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



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

Get help organizing your care with Care Coordination

AllCare CCO can help organize your care. We have staff that are part of your care coordination team. AllCare CCO staff are committed to supporting members with their care needs and can help you with finding physical, dental, behavioral, developmental, and social health care where and when you need it.

You may get Care Coordination from your patient-centered primary care home (PCPCH), primary care provider, AllCare CCO, or other primary care teams. You, your providers or someone speaking on your behalf can ask about Care Coordination for any reason, especially if you have a new care need or your needs are not being met. You can call the numbers listed at the bottom of this page or visit **AllCareHealth.com/Medicaid/Services/Care-Coordination** for more information about Care Coordination.

Care Coordination's goal is to make your overall health better.

AllCare CCO must have processes in place that help us find your health care needs. We will help you take charge of your health and wellness.

Your care coordination team will:

- Help you understand your benefits and how they work.
- Work with you in your preferred language.
- Use care programs to help you manage chronic health conditions such as diabetes, heart disease and asthma.
- Help with behavioral health issues including depression and substance use disorder.
- Help with finding ways to get the right services and resources to make sure you feel comfortable, safe, and cared for.
- Help you identify people in your life or community that can be a support.
- Help you pick a primary care provider (PCP).
- Provide care and advice that is easy to follow.
- Help with setting up medical appointments and tests.
- Help you set up transportation to your doctor appointments.

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- Help transition your care when needed.
- Help you get care from specialty providers.
- Help make sure your providers talk to each other about your health care needs.
- Create a care plan with you that meets your health needs.

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

- Help with finding housing.
- Help with rent and utilities.
- Nutrition services.
- Rides.
- Trainings and classes.
- Family support.
- Social services.
- Devices for extreme weather conditions.

Working together for your care

Your care coordination team will work closely with you. This team will have different people who will work together to meet your needs, like providers, specialists and community programs you work with. The team will connect you with community and social support resources that may help you. Your care team's job is to make sure the right people are part of your care to help you reach your goals. We will all work together to support you.

You may need a care plan

You and your care team will decide if a care plan is needed. This plan will help meet your needs and is made with you, your care team and providers. Your plan will list supports and services needed to help you reach your goals. This plan addresses medical, dental, cultural, developmental, behavioral and social needs so you have positive health and wellness results.

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The plan will be reviewed and updated at least annually, as your needs change, or if you ask for a review and update. You, your representative and your providers get a copy of your care plan.

You, an authorized representative or provider can ask for a copy of your care plan, or ask to make a care plan, by calling your Care Coordinator at the phone numbers listed at the bottom of this page. You can get the care plan in your preferred format and language.

Care Coordination hours and contact information.

Care Coordination services are available Monday through Friday 8:00 a.m. to 5:00 p.m.

- Call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page if there is a change in your health needs, or who you are working with, so we can help coordinate your care.
- To reach your Care Coordinator or the contact person listed in the introduction letter that came with your Health Risk Assessment, call the Care Coordination Intake Team at the phone numbers listed at the bottom of this page. We can review your record to confirm who your Care Coordinator is or if it has changed and connect you with the right person.

To learn more about your Care Coordination Team, how we keep track of and update your health information, and the Care Coordination services we offer, please call Customer Care at the numbers listed at the bottom of this page, or visit our website at: **https://www.allcarehealth.com/medicaid/services/care-coordination**.

Members with Medicare.

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

System of Care for youth with complex needs.

AllCare CCO has a group called a System of Care to remove barriers that youth (aged 0–25) with complex needs may face. The group brings together youth and families, providers and system partners from behavioral health, intellectual/developmental

disability services, education, child welfare and juvenile justice.

If you are a parent/guardian of a youth with complex needs, or a young adult served by multiple systems, AllCare CCO's System of Care may help you get care and remove barriers. To get in touch with AllCare CCO's System of Care, please call customer care and ask to speak to a Care Coordinator at the phone numbers listed at the bottom of this page.

You can also learn more via the System of Care Advisory Council at **https://www.oregon.gov/oha/hsd/bh-child-family/pages/socac.aspx**.

Special screening and preventive care for members under age 21

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides comprehensive and preventive health care services for OHP members from birth to age 21. This program provides you with the care you need for your health and development. These services can catch and help with concerns early, treat illness, and support children with disabilities.

You do not have to enroll separately in EPSDT; if you are under age 21 and enrolled in OHP you will receive these benefits. Starting in 2025 Young Adults with Special Health Care Needs (ages 19 through 25) may also qualify for EPSDT benefits. Contact AllCare CCO at the numbers listed below for more information.

EPSDT covers:

- Any services needed to find or treat illness, injury, or other changes in health.
- "Well-child" or "adolescent well visit" medical exams, screenings, and diagnostic services to determine if there are any physical, oral/dental, developmental and mental health conditions for members under age 21.
- Referrals, treatment, therapy, and other measures to help with any conditions discovered.

For members under age 21, AllCare CCO has to give:

- Regularly scheduled examinations and evaluations of physical, mental health, developmental, oral/dental health, growth, and nutritional status.

    - If AllCare CCO doesn't cover oral/dental health, you can still get these services through OHP by calling (800) 273-0557.
- All medically necessary and medically appropriate services must be covered for members under 21, regardless of whether it was covered in the past (this includes things that are "below the line" on the Prioritized List). To learn more about the Prioritized List, visit: **oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx**.

Under EPSDT, AllCare CCO will not deny a service without first looking at whether it is medically necessary and medically appropriate for you.

- **Medically necessary** generally means a treatment that is required to prevent, diagnose or treat a condition, or to support growth, development, independence, and participation in school.
- **Medically appropriate** generally means that the treatment is safe, effective, and helps you participate in care and activities. AllCare CCO may choose to cover the least expensive option that will work for you.

You should always receive a written notice when something is denied, and you have the right to an appeal if you don't agree with the decision. For more information, see **page 190**.

This includes all services:

- Physical Health;
- Behavioral Health;
- Dental Health;
- Vision; and
- Social Health Care Needs.

If you or your family member needs EPSDT services, work with your primary care provider (PCP) or talk to a care coordinator by calling the phone numbers listed at the bottom of this page. They will help you get the care you need. If any services need approval, they will take care of it. Work with your primary care dentist for any needed dental services. All EPSDT services are free.

Help getting EPSDT services.

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

Screenings

Covered screening visits are offered at age-appropriate intervals (these include well child visits or adolescent well visits). AllCare CCO and your PCP follows the American Academy of Pediatrics and Bright Futures guidelines for all preventive care screenings and well child visits. Bright Futures can be found at: **aap.org/brightfutures**. You can use the Well Visit Planner at **wellvisitplanner.org** to prepare for these check-ups. Your PCP will help you get these services and treatment when required by the guidelines.

Screening visits include:

- Developmental screening.
- Lead testing:
    - Children must have blood lead screening tests at age 12 months and 24 months. Any child between ages 24 and 72 months with no record of a previous blood lead screening test must get one.
    - Completion of a risk assessment questionnaire does not meet the lead screening requirement for children in OHP. All children with lead poisoning can get follow up case management services.
- Other needed laboratory tests (such as anemia test, sickle cell test, and others) based on age and client risk.

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- Assessment of nutritional status.
- At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped.
- Full health and development history (including review of both physical and behavioral health development).
- Immunizations (shots) that meet medical standards:
    - Child Immunization Schedule (birth to 18 years): **cdc.gov/vaccines/imz-schedules/child-easyread.html**
    - Adult Immunization Schedule (19+): **cdc.gov/vaccines/imz-schedules/adult-easyread.html**
- Health guidance and education for parents and children.
- Referrals for medically necessary physical and behavioral health treatment.
- Needed hearing and vision tests.
- Recommended services and screenings at certain ages, until the age of 21. See the Bright Futures schedule here: **Downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.**
- And others.

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

EPSDT Referral, diagnosis and treatment.

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

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

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

Screenings may find a need for the following services:

- Diagnosis of and treatment for defects in vision and hearing, including eyeglasses and hearing aids.

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

These services must be provided to eligible members under 21 years old who need them. Treatments that are "below the line" on the Prioritized List of Health Services are covered for members under 21 if they are medically necessary and medically appropriate for that member (see more information above).

- If we tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See **page 190**.

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

For more information about EPSDT coverage, you can visit **Oregon.gov/EPSDT** and view a member fact sheet. AllCare CCO also has information at **AllCareHealth.com/Medicaid/Services/EPSDT**.

Young adults with special health care needs

Young Adults with Special Health Care Needs (YSHCN) is a new program that gives extra OHP benefits to people ages 19 through 21 who have certain health conditions. The health conditions must have started before age 19. Examples of health conditions are:

- Physical, intellectual and developmental disabilities.
- Long-standing medical conditions like asthma, diabetes, or spina bifida.
- Behavioral or mental health conditions like depression or substance use.

OHP members who qualify for the program will automatically get YSHCN benefits. YSHCN benefits include:

- More vision and dental services.

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) up to their 26th birthday.
- Possible access to Health-Related Social Needs (HRSN) services.

After 2026, the age limit will increase every year until 2030, when people up to age 25 can get YSHCN benefits.

Traditional Health Workers (THW)

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

There are a few different kinds of traditional health workers:

- **Birth Doula:** A person who helps mom-to-be and their families with personal, non-medical support. They are there throughout a woman's pregnancy, childbirth, and after the baby is born.
- **Community Health Worker (CHW):** A community health worker understands the people and community where you live. They help you access health and community services. A community health worker helps you start healthy behaviors. They usually share your ethnicity, language, or life experiences.
- **Personal Health Navigator (PHN):** A person who gives information, tools, and support to help you make the best decisions about your health and wellbeing, based on your situation.
- **Peer Support Specialist (PSS):** Someone who has life experiences with mental health, and/or addiction and recovery. A PSS may also have been a support to a family member with mental health concerns and/or receiving addiction treatment. They give support, encouragement, and help to those facing addictions and mental health issues.
- **Peer Wellness Specialist (PWS):** A person who works as part of a health home team and speaks up for you and your needs. They support the overall health of people in their community and can help you recover from addiction, behavioral health, or physical conditions.

THW can help you with many things, like:

- Working with you and your care coordinator to find a new provider.
- Receiving the care you seek and need.
- Connecting you with others to explain your benefits.
- Providing information on mental health and/or addiction services and support.

- Information and referral about community resources you could use.
- Someone to talk to from your community.
- Go to provider appointments with you.

Call Customer Care at the phone numbers listed at the bottom of this page to contact our TWH specialist to find out more about THW's and how to use their services. You can also find up-to-date information on our website at: **AllCareHealth.com/Medicaid/Services/Care-Coordination/Traditional-Health-Workers**.

Flexible services

Flexible Services are extra services AllCare CCO offers that are not regular OHP benefits. Flexible Services help improve member and community health and well-being. Because Flexible Services are not regular OHP benefits and are optional for CCOs, members do not have appeal rights for Flexible Servicesthe same way they do for covered services.

Flexible services are items or services to help members stay healthy or become healthier. AllCare CCO offers a wide variety of flexible services. To find out more, call Customer Care at the phone numbers listed at the bottom of this page and ask for flexible services. We will put you in touch with a Care Coordinator to help get you what you need. Your representative or Provider can also ask for flexible services for you.

Examples of flexible services:

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

- Other items that keep you healthy such as an air conditioner or air filtration device.

Learn more about health-related services at: **https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4329.pdf**.

You can read our Flexible Services policy at **https://www.allcarehealth.com/media/qotfr1sc/acco_hrs_flexible-services_v8-policy.pdf**.

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

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

If your flexible service request is denied, you will get a letter explaining your options. You can't appeal a denied flexible service but you have the right to make a complaint. Learn more about appeals and complaints on **page 190**.

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

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

Community benefit initiatives

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

Some examples of Flexible Services and Community Benefits.

Gym Memberships	AllCare CCO members can get a monthly gym membership at **no cost**. Benefits can include wellness programs, cooking and nutrition classes, childcare, family and youth programs.
Weight Loss, Chronic Pain, and Chronic Conditions	You can sign up for weight loss and chronic health condition programs to help you take control of your health.
Financial Wellness, Seniors, and Disability	As a member, you can get help with Social Security Disability applications. You can also get credit counseling, learn about debt management, and take financial classes.

Housing, Homelessness, Accessibility, and Living Supports	AllCare CCO partners with community programs to help shelter people experiencing homelessness. We also have programs to help improve living conditions, if needed.
Family, Child, and Parenting	Parenting classes, childcare, and other family support is available to AllCare CCO members.
Health/Legal Partnership	If legal problems are preventing you from getting good health care, AllCare CCO may be able to help through a health/legal partnership program.
Domestic Violence	AllCare CCO partners with several programs that can help members who are victims of domestic violence.
Food	AllCare CCO is part of several community food programs. They include food banks, community gardens, SNAP-matching at the local growers markets, and others. Members can also get home-delivered meals as part of a post-hospital discharge care plan.
Community Engagement and Economic Development	AllCare CCO works with many community partners to make our community healthy and safe. Programs include suicide prevention, help for at-risk youth, foster children and families, job and life skills development, and many others.

Preventive healthcare: Keeping you healthy

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

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

AllCare CCO covers preventive healthcare including:

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

Quitting tobacco

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

Healthy living

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

OHP Bridge for adults with higher incomes

OHP Bridge is a new benefit package that covers adults with higher incomes. OHP Bridge is free. People who can get OHP Bridge must:

- Be 19 to 64 years old;
- Have an income between 138 percent and 200 percent of the federal poverty level (FPL);
- Have an eligible citizenship or immigration status to qualify; and,
- Not have access to other affordable health insurance.

If you report a higher income when you renew your OHP, you may be moved to OHP Bridge. Learn more about OHP Bridge at **oregon.gov/oha/hsd/ohp/pages/bridge.aspx**.

OHP Bridge is almost the same as OHP Plus. There are a few things that OHP Bridge does not cover, including:

- Long-term services and supports (LTSS)
- Health related social needs (HRSN)

Health Related Social Needs

Health-Related Social Needs (HRSN) are social and economic needs that affect your ability to be healthy and feel well. These services help members who are facing major life changes. Get more information at: **https://www.oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN.aspx**.

Please ask AllCare CCO to see what free HRSN benefits are available. HRSN Services benefits include:

- **Housing services:**
    - Help with rent and utilities to keep your housing.
    - Help with other services to support you as a tenant.
    - Home changes for health such as air conditioners, heaters, air filtration devices, portable power supplies and mini-refrigerators.
- **Nutrition services:**
    - Help with nutrition education and medically tailored meals. The pantry stocking, and fruit and vegetable benefits are planned to start Summer 2026.
- **Outreach and engagement services:**
    - Get help connecting to other resources and supports.

You may be able to get some or all of the HRSN benefits if you are an OHP Member, and:

- Have recently left or are leaving incarceration (jail, detention, etc.).
- Have recently left or are leaving a mental health or substance use recovery facility.
- Have been in the Oregon child welfare system (foster care) now or in the past.
- Are going from Medicaid-only benefits to qualifying for Medicaid and Medicare.
- Have a household income that's 30% or less of the average yearly income where you live, and you lack resources or support to prevent homelessness.
- Are a young adult with special health care needs.

You must also meet other criteria. For questions or to be screened, please contact Customer Care at the phone numbers listed at the bottom of this page. AllCare CCO can help you to see if you qualify for any of these benefits.

Please note that to be screened and to get HRSN benefits, your personal data may be collected and used for referrals. You can limit how your information is shared.

HRSN benefits are free to you and you can opt out at any time. If you get HRSN benefits, your care coordination team will work with you to make sure your care plan is updated. See **page 115** for Care Coordination and care plans.

If denied, you have the right to appeal the decision. See **page 190** for more about denials and appeals.

Important Notes:

- Rides to care cannot to be used for HRSN services.
- OHP Bridge does not cover HRSN Services.
- HRSN services may take up to six weeks to be approved and delivered.

In Lieu of Services (ILOS)

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

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

Deciding if an ILOS is right for you is a team effort. We work with your care team to make the best choice. The choice, however, is yours. You do not have to take part in any of these programs. If the ILOS you are receiving is dicontinued, AllCare CCO will notify you in writing at least 30 days before it ends. If ILOS is denied, you have the right to appeal the decision. See **page 190** for more about denials and appeals.

If you have any questions about any of the benefits or services above, call Customer Care at the phone numbers listed at the bottom of this page.



Free rides to care

Free rides to appointments for AllCare CCO members.

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

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

Who can use ReadyRide?

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

Service area or long-distance rides.

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Cost.

There is no cost to you for rides.

Scheduling a ride.

Call ReadyRide at **(800) 479-7920** to get a ride. For hearing impaired, call TTY 711. We have qualified multilingual staff to speak with you. Language Access services are provided free of charge via a telephone for callers with limited English speaking ability. We are also able to help those callers who are hearing and/or speech impaired. You can schedule a ride Monday through Friday, 8:00 a.m. to 6:00 p.m. We ask that you call at least two business days before you need a ride. If the ride is requested less than two (2) days prior to the scheduled pick-up time, ReadyRide shall provide the Member with the company who will arrange for pick-up's phone number.

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

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

Service hours.

Call Center hours are Monday through Friday, 8:00 a.m. to 6:00 p.m. The Call Center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas following the Federal Observation of closure for these holidays.
To ensure we can best meet your transportation needs, we ask that you call at least two (2) business days before a holiday.

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

If you call Ready Ride when our call center is closed, you will hear a message in both English and Spanish. The message will explain our call center hours and how to contact emergency services. Leave a message along with the phone number you can be reached at, and our call center staff will return your call no later than the next business day to work with you for your transportation needs.

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What to expect when you call.

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

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

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

time-frame shall be reduced as necessary to ensure the Member arrives in time for their appointment.

During your call we will ask about:

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

We may ask other questions such as:

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

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

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

Full Benefit Dual Eligible (FBDE) members are also able to get rides through ReadyRide. They will confirm that you are able to get a ride and that the service is covered through your Medicare plan or Medicaid plan or directly with your Medicare

provider. Rides for FBDE members must be within AllCare CCO's service area or can be out-side the service area if the covered or health related service is not available in the service area. These rides are free to FBDE members.

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

If you are a member of the Veterans Dental Program or COFA Dental Program, AllCare CCO only provides dental benefits and free rides to dental appointments. OHP and AllCare CCO do not provide access to physical health or behavioral health services or free rides for these services, which are non-covered services without care coordination. If you have questions regarding coverage and what benefits are available contact, Customer Care at the phone numbers listed at the bottom of this page.

During your call we will read back to you:

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

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

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

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

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

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

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

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

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

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

Vehicle Safety.

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

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

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

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

- Safety belts for all passengers if the vehicle is legally required to provide safety belts.
- First aid kit.
- Fire extinguisher.
- Roadside reflective or warning devices.
- Flashlight.
- Tire traction devices when appropriate.
- Disposable gloves.
- All equipment necessary to securely transport members using wheelchairs or stretchers in accordance with the Americans with Disabilities Act of 1990 (as amended) (ADA), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute 659A.103.

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

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

Emergencies.

ReadyRide does not provide emergency transportation. If you need an ambulance,

call 911. If you have an emergency during your ride, please let your driver know. Your driver will call 911.

Adverse Weather Conditions.

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

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

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

If your ride is denied.

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

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

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

You have the right to make a complaint at any time. Learn more about making a complaint or asking for an appeal on **page 190** of the AllCare Member Handbook.

Need help? Call Customer Care:

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Your rights as a rider.

- Get a safe and reliable ride that meets your needs.
- Be treated with respect.
- Ask for interpretation services when talking to customer service.
- Get materials in a language or format that meets your needs.
- Get a written notice when a ride is denied.
- Get a written notice when there are any changes to your NEMT services.
- Ask for an appeal, ask for a hearing, or ask for both if you feel you have been denied a ride service unfairly.

Your responsibilities as a rider.

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

Service changes.

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

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

How to cancel a ride.

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

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

Rides canceled after these times are considered late cancels.

When to be ready.

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

Your driver will let you know when they have arrived to pick you up. If you are not ready within fifteen (15) minutes after your scheduled pick-up time your driver will notify their dispatcher before leaving. You may be considered a no-show. If you are late, your provider may not be able to see you for your appointment.

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

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

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

Late cancel and no-show policy.

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

When is a driver on time?

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

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

Types of rides.

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

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

Travel Reimbursement Program.

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

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

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

Private Car Mileage: $.46 per mile

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

Client Meals: $34.00 per day if the following conditions apply:

- **Breakfast:** $9.00 - Travel begins before 6:00 AM.
- **Lunch:** $10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- **Dinner:** $15.00 - Travel ends after 6:30 PM.

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Client Lodging: Up to $110.00 per night if:

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

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

Attendant Meals: $34.00 per day

(Breakfast $9.00, Lunch $10.00, Dinner $15.00)

Meals or Lodging for One Attendant.

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

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

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

Attendant Lodging: $110.00 per night (if staying in separate room)

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

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

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Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Overpayments.

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

- For mileage, meals, and lodging, and another resource also paid the Member.
- The ride, meal, or lodging provider directly.
- For travel to medical appointments, and the Member did not use the money for that purpose, did not attend the appointment, or shared the ride with another Member whom the brokerage also paid directly.
- For common carrier or public transportation tickets or passes, and the Member sold or otherwise transferred the tickets or passes to another person.

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

Where to wait for your ride.

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

How your driver may help you.

We will help you with your travel needs. If you ask, drivers can provide at a minimum, assistance to you between the vehicle and the front of your home or destination curb to curb, door to door and hand to hand. Drivers can also:

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

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

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

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

Drivers cannot accept tips.

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

Personal helpers.

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

Children.

Children twelve (12) years of age and under must have an adult 18 years or older with them at all times. The adult may be:

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

The Member's parent, guardian, or adult caregiver shall provide and install child safety seats for a person who:

1. Weighs less than 40 pounds and who is four feet nine inches or shorter.
2. Is under two years of age must be properly secured with a child safety system in a rear-facing position.
3. Weighs more than 40 pounds and who is four feet nine inches or shorter, with exception if the child is properly secured with a child safety system that meets the minimum standards and specifications established by the department under ORS 815.055 (Rules establishing standards for safety belts, harnesses and child safety systems) for child safety systems designed for children weighing more than 40 pounds. The adult with the child must bring and install

the safety seat. Drivers cannot help install of remove safety seats. Safety seats cannot be left with your driver during the child's appointment. You might not have the same driver on the return ride. A driver may not give a child Member a ride if a parent or guardian does not provide a safety seat that complies with state law.

Wheelchairs and other equipment.

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

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

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

Oxygen tanks must be tied down during the ride.

Service animals.

Service animals are animals trained to help people with disabilities. They are allowed to ride with you. Please tell us before the ride if you need to bring a service animal on the ride. ReadyRide may ask if the animal is required for a disability and what work and task the animal has been trained to perform.

Safety belts.

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

Client privacy.

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

Contact ReadyRide.

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

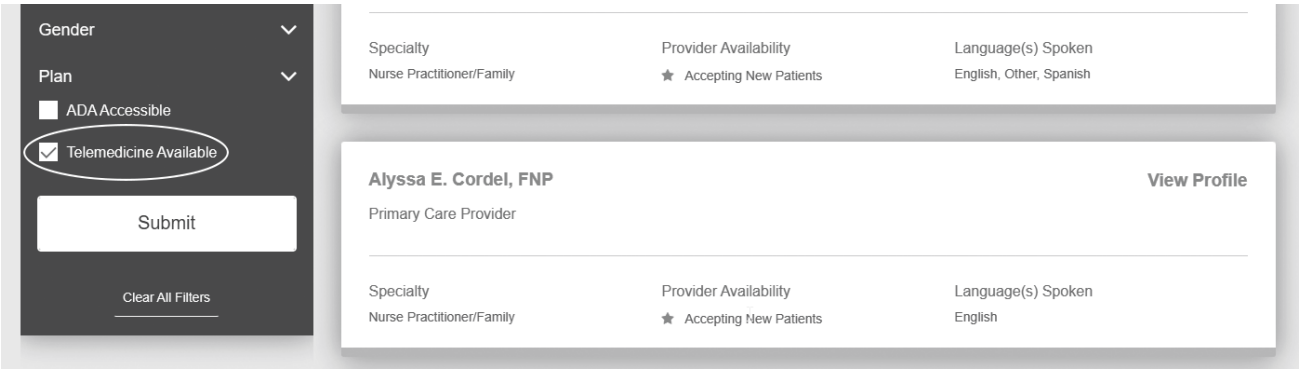
Getting care by video or phone

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

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

How to find telehealth providers

Not all providers have telehealth options. You should ask about telehealth when you call to make your appointment. To see which providers offer telehealth services, please look for the ☎ (phone) icon in our provider directory. You can also check our Find-A-Doctor tool at **AllCareHealth.com/CCO/Lookup-Tools/Find-A-Doctor**. Click the telehealth provider box shown in the picture below. This list is not complete so you can also call your provider to double check.



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

When to use telehealth.

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

Some examples of when you can use telehealth are:

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

Telehealth is not recommended for emergencies. If you feel like your life is in danger, please call 911 or go to the nearest emergency room. See **page 154** for a list of hospitals with emergency rooms.

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

Telehealth visits are private.

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

Learn more about privacy and the Health Insurance Portability and Accountability Act (HIPAA) on **page 18**.

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

You have a right to:

- Get telehealth services in the language you need.
- Have providers who respects your culture and language needs.
- Get qualified and certified interpretation services. Learn more on **page 15**.
- Get in-person visits, not just telehealth visits.
    - AllCare CCO will make sure you have the choice of how you get your visits. A provider cannot make you use telehealth unless there is a

declared state of emergency or a facility is using its' disaster plan.

- Get support and have the tools needed for telehealth.
    - AllCare CCO will help identify what telehealth tool is best for you.
    - We will ensure your provider conducts an assessment to see if telehealth is right for you. This includes, but is not limited to:
        - Need for alternate format;
        - Access to necessary device(s);
        - Access to a private and safe location;
        - Access to internet service;
        - Understanding of digital devices;
        - Cultural concerns.

Talk to your provider about telehealth. If you need or prefer in person visits, and your provider is only a telehealth provider, let them know. They can refer you to another provider and tell AllCare CCO. You have a choice of how you receive your care and AllCare CCO can help coordinate care with another provider. You can also call Customer Care at the numbers listed at the bottom of this page.

What you will need for a telehealth call.

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

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

Examples of these software could be:

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

A telehealth visit is your choice.

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

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

If you need help.

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

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

Prescription medications

If you need a prescription filled, you can go to any pharmacy in AllCare CCO's network. You can find a list of pharmacies we work with in our provider directory at: **AllCareHealth.com/CCO/Lookup-Tools/Find-A-Facility-Or-Pharmacy.**

- You have a right to get interpreter services, thanslations, and auxiliary aids at the pharmacy.
- You also have a right to translated prescription labels.

For all prescriptions covered by AllCare CCO, bring to the pharmacy:

- The prescription.
- Your AllCare CCO ID card, Oregon Health ID card, or other proof of coverage such as a Medicare Part D ID card or Private Insurance card. You may not be able to fill a prescription without them.

Covered prescriptions.

AllCare CCO list of covered medications is at: **AllCareHealth.com/medicaid/formulary.**

- If you are not sure if your medication is on our list, call us to check for you.

If your medication is not on the list, tell your provider. Your provider can ask us to cover it.

- AllCare CCO needs to approve some medication on the list before your pharmacy can fill them. For these medications, your provider will ask us to approve it.

AllCare CCO also covers some over-the-counter (OTC) medications when your provider or pharmacy prescribes them for you. OTC medications are those you would normally buy at a store or pharmacy without a prescription, such as aspirin.

Asking AllCare CCO to cover prescriptions.

When your provider asks AllCare CCP to approve or cover a prescription:

- Doctors and pharmacists at AllCare CCO will review the request from your provider.
- We will make a decision within 24 hours.

- If we need more information to make a decision, it can take 72 hours.

If AllCare CCO decides to not cover the prescription, you will get a letter from AllCare CCO. The letter will explain:

- Your right to appeal the decision.
- How to ask for an appeal if you disagree with our decision. The letter will also have a form you can use to ask for an appeal.

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

In Network and Mail-order pharmacies.

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

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

OHP pays for behavioral health medications.

AllCare CCO does not pay for most medications used to treat behavioral health conditions. Instead OHP pays for them. If you need behavioral health medications:

- AllCare CCO and your provider will help you get the medications you need.
- The pharmacy sends your prescription bill directly to OHP. AllCAre CCO and your provider will help you get the behavioral health medications you need.

Talk to your provider if you have questions. You can also call Customer Care at the

phone numbers listed at the bottom of this page.

Prescription coverage for members with Medicare.

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

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

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

Learn more about Medicare benefits on **page 174.**

Getting prescriptions before a trip.

If you plan to travel out of state, make sure you have enough medication for your trip. To do this, ask to get a prescription refill early. This is called a vacation override. Please call AllCare CCO Customer Care at the phone numbers listed below to find out if this is a good option for you.

Services we do not cover

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

You only pay if you sign a form before you get the service that says you agree to pay for it. The form must name or describe the service, list the approximate cost, and include a statement that OHP does not cover the service. This form is known as the OHP waiver, and is generated by OHP directly. Learn more about bills on **page 169**.

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

What OHP does not cover

Examples of some non-covered services:

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

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

What AllCare CCO does not cover

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

Services covered by OHP without care coordination:

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

- Doctor-assisted suicide under the Oregon Death with Dignity Act.
- Abortion.
- Hospice services for members who live in a skilled nursing facility.
- School-based services that are covered services provided under the Individuals with Disabilities Education Act (IDEA). For children who get medical services at school, such as speech therapy.

- Administrative examinations requested or authorized by another government agency, such as Child Welfare or Aging and People with disabilities (APD). An example examination is an evaluation to decide if you are disabled.
- Coordination and services for behavioral and physical health care for AllCare CCO members who only have Dental Coverage. NEMT services are also limited to dental related appointments.

Services covered by OHP with care coordination:

Call AllCare Health Customer Care or your Care Coordinator at the phone numbers listed at the bottom of this page. We will arrange and provide a ride to non-covered health services when you access them through a Care Coordinator.

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

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

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

Hospitals

We work with the hospitals below for regular hospital care. You can get emergency care at any hospital. **All of the hospitals listed below offer a full emergency room to help someone experiencing a mental health crisis**.

Asante Three Rivers Medical Center * 500 SW Ramsey Ave. Grants Pass, OR 97526 (541) 472-7000 TTY (hearing impaired): (541) 472-7001 **Asante.org/Locations/Location-Detail/Asante-Three-Rivers-Medical-Center**	**Asante Rogue Regional Medical Center *** 2825 East Barnett Road Medford, OR 97504 (541) 789-7000 TTY (hearing impaired): (541) 789-4240 TTY toll free: (800) 944-7073, ext. 4240 **Asante.org/Locations/Location-Detail/Asante-Rogue-Regional-Medical-Center**
Providence Medford Medical Center * 1111 Crater Lake Highway Medford, OR 97504 (541) 732-5000 Toll free: (877) 541-0588 TTY (hearing impaired): (541) 732-6413 TTY toll free: (888) 326-2686 **https://www.providence.org/locations/or/medford-medical-center**	**Sutter Coast Hospital *** 800 E. Washington Blvd. Crescent City, CA 95531 (707) 464-8664 TTY 711 **SutterHealth.org/Coast**
Asante Ashland Community Hospital * 280 Maple Street Ashland, OR 97520 (541) 201-4000 TTY (hearing impaired): (541) 201-4102 **Asante.org/Locations/Location-Detail/Asante-Ashland-Community-Hospital**	**Curry General Hospital *** 94220 Fourth Street Gold Beach, OR 97444 (541) 247-3000 Toll free: (800) 445-8085 TTY 711 **CurryHealthNetwork.com/getpage.php?name=Curry_General_Hospital**

* Spanish-speaking staff and interpreter services available.

Urgent care

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

You can get urgent care services 24 hours a day, 7 days a week without preapproval. You do not need a referral for urgent or emergency care. For a list of urgent care centers and walk-in clinics see **page 156**.

Urgent physical care.

Some examples of urgent physical care are:

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

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

Here is the link to the provider directory: **AllCarehealth.com/medicaid/find-a-doctor-and-facility/find-a-doctor**

You can call anytime, day or night, on weekends and holidays. Tell the PCP office you are an AllCare CCO member. You will get advice or a referral. If you can't reach your PCP about an urgent problem or if your PCP can't see you soon enough, go to an urgent care center or walk-in clinic. You don't need an appointment. See **page 156** for list of urgent care and walk-in clinics. Your PCP's information is listed on your AllCare CCO ID card. If you need help, call Customer Care at the phone numbers listed at the bottom of this page.

If you don't know if your problem is urgent, still call your provider's office, even if it's closed. You may get an answering service. Leave a message and say you are an AllCare CCO member. You may get advice or a referral of somewhere else to call. You will get a call back from your provider's office within 30-60 minutes after you called, to talk about next steps.

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

You may also contact the Nurse Help Line 24 hours a day at (844) 747-5656 at no cost to you.

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

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

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

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

Urgent dental care.

Some examples of urgent dental care include:

- Tooth pain that wakes you up at night and makes it difficult to chew.
- A chipped or broken tooth.
- A lost crown or filling.
- Abscess (a pocket of pus in a tooth caused by an infection).

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

For urgent dental care call your Primary Care Dentist (PCD). If you cannot reach your PCD or you do not have one, call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page. They will help you find urgent dental care, depending on your condition. You should get an appointment within 2 weeks, or 1 week if you're pregnant, for an urgent dental condition.

Emergency care

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

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

Physical emergencies

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

- Broken bones.
- Bleeding that does not stop.
- Possible heart attack.

- Loss of consciousness.
- Seizure.
- Severe pain.
- Difficulty breathing.
- Allergic reactions.

More information about emergency care:

- Call your PCP or AllCare CCO within 3 days of receiving emergency care.
- You have a right to use any hospital or other setting, within the United States.
- Emergency care includes post stabilization (after care) services. After care services are covered services related to an emergency condition. These services are given to you after you are stabilized. They help to maintain your stabilized condition. They help to improve or fix your condition.

See a list of hospitals with emergency rooms on **page 154**.

Dental emergencies

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

- A tooth has been knocked out (that is not a childhood "wiggly" tooth).
- You have severe swelling or infection in the mouth.
- Bleeding from your gums that won't stop.

For a dental emergency, please call your primary care dentist (PCD). You will be seen within 24 hours. Some offices have emergency walk-in times. If you have a dental emergency and your dentist or PCP cannot help you, you don't need permission to get emergency dental care. You can go to the emergency room or call Customer Care at the phone numbers listed at the bottom of this page for help to find emergency dental care.

Here is the link to the provider directory:
https://www.allcarehealth.com/medicaid/find-a-doctor-and-facility/find-a-doctor

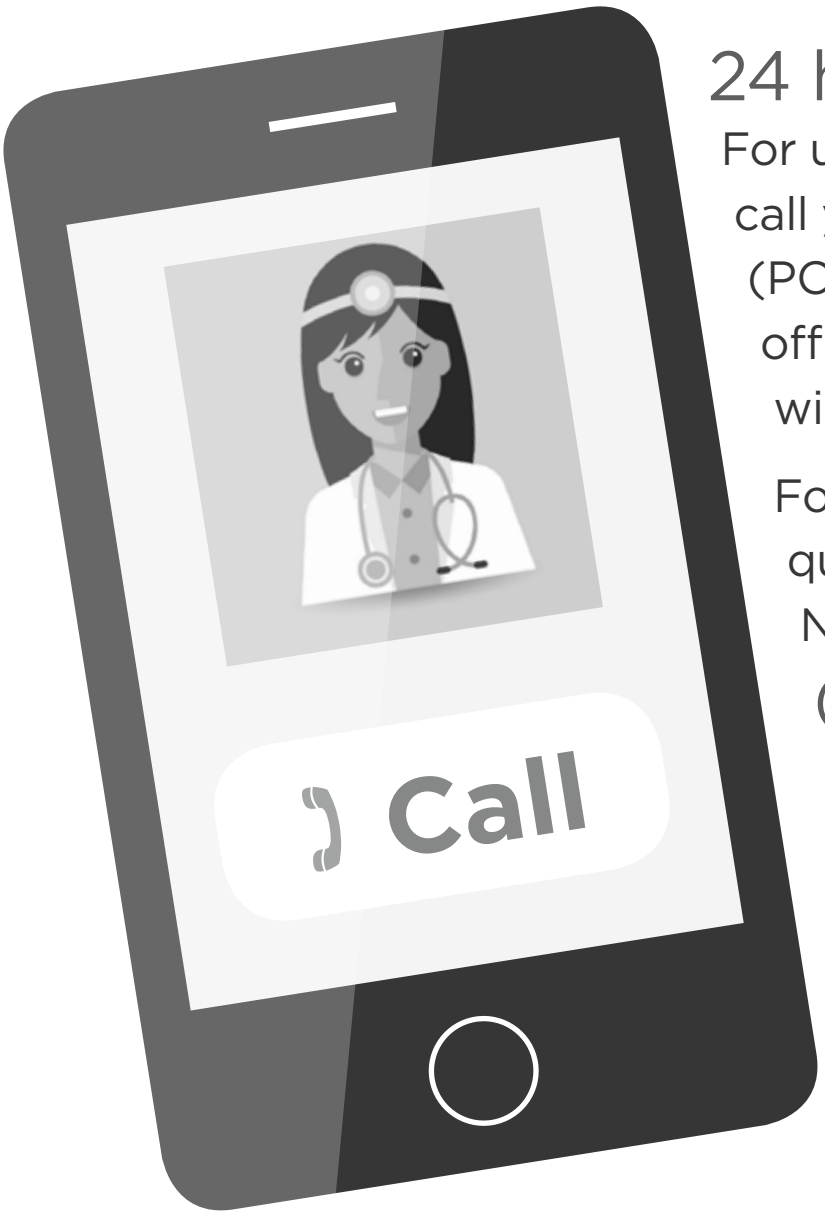
If none of these options work for you, call 911 or visit the Emergency Room. **If you need an ambulance ride, please call 911**. See a list of hospitals with emergency rooms on **page 154**.

Nurse Help Line – (844) 747-5656

If you have a non-emergency question about your health or the medicines you are taking, you may call this phone number any time of day or night, every day. Specially-trained nurses will ask you how you are feeling and give you advice. All calls are private. The toll-free phone number is (844) 747-5656 or TTY at 711.

We're Just a Phone Call Away.

Nurse Help Line
(844) 747-5656



24 hours, every day.

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

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

(844) 747-5656.

Nurses are standing by 24/7, even holidays.

allcare health®

Calls are private and FREE.

Behavioral health crisis and emergencies

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

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

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

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

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



A behavioral health crisis is when you need help quickly. If not treated, the condition can become an emergency. Please call one of the 24-hour local crisis lines below or call 988 if you are experiencing any of the following or are unsure if it is a crisis. We want to help and support you in preventing an emergency.

Behavioral Health Crisis Hot Lines	
Jackson **(541) 774-8201**	Josephine **(541) 474-5360**
Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

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

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

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

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

See more about behavioral health services offered on page 89.

Behavioral Health Crisis Hot Lines	
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Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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Suicide prevention

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

Common suicide warning signs

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

Here are some suicide warning signs:

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

988 SUICIDE & CRISIS LIFELINE

Behavioral Health Crisis Hot Lines	
Jackson **(541) 774-8201**	Josephine **(541) 474-5360**
Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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Never keep thoughts or talk of suicide a secret!

If you want to talk with someone outside of AllCare CCO, call any of the following:

- See list of crisis lines at the bottom of this page.
- National Suicide Prevention Lifeline: Call **988** or visit **988lifeline.org**.
- The David Romprey Memorial Warmline: (800) 698-2392
- Crisis Text Line: Text 741741
- For teen suicide prevention: YouthLine: (877) 968-8491 or text teen2teen to 839863.
- You can also search for your county mental health crisis number online. They can provide screenings and help you get the services you need.
- For a list of additional crisis hotlines, see the phone numbers listed at the bottom of this page, or go to **https://www.allcarehealth.com/medicaid/services/mental-health/mental-health-services**.

Get the help you need!

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

There are many services you can get before, during and after a behavioral health crisis. Crisis response services are available twenty-four (24) hours a day, seven (7)

Behavioral Health Crisis Hot Lines	
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days a week to all members. This includes members already in behavioral health services and those receiving Intensive In-Home Behavioral Health Treatment. Post-stabilization services and urgent care services are also available for members on a twenty-four (24) hour, seven (7) day a week basis.

You can also get help by dialing 988.

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

If you are in an immediate crisis, the Crisis Worker might come to talk to you in-person. This is called Mobile Crisis and it is available to you twenty-four (24)-hours, seven (7)-days-a-week. Mobile Crisis can help you avoid having the police involved or having to go to the hospital. If you are still not safe, the Crisis Worker might also recommend you go to the Emergency Room for a crisis assessment. The Crisis Worker would see you at the hospital and help you with a plan for next steps.

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

Behavioral Health Crisis Hot Lines	
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Douglas **(800) 866-9780**	Curry **(877) 519-9322**

Suicide & Crisis Lifeline - Call or text* 988, 24/7
Calls in English or Spanish. Text and chat are currently only available in English.

Need help? Call Customer Care:

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

Follow up!

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

Behavioral Health Crisis Hot Lines	
Jackson **(541) 774-8201**	Josephine **(541) 474-5360**
Douglas **(800) 866-9780**	Curry **(877) 519-9322**

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

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

Need help? Call Customer Care:

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Follow-up care after an emergency

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

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

Care away from home

Planned care out of state.

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

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

To learn more about how you may be able to get a prescription refill before your trip see **page 151**.

Emergency care away from home.

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

Do not pay for emergency care. If you pay the emergency room bill, AllCare CCO is not allowed to pay you back. See **page 169** for what to do if you get billed.

Emergency care is only covered in the United States.

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

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

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

If you get a bill, see **page 169** for what to do.

Bills for services

OHP members do not pay bills for covered services.

When you set up your first visit with a provider, tell the office that you are with AllCare CCO. Let them know if you have other insurance, too. This will help the provider know who to bill. Take your ID card with you to all medical visits. AllCare CCO pays for all covered, medically necessary, and appropriate services in accordance with the Prioritized List of Health Services.

An AllCare CCO in-network provider (for a list of in-network providers go to our website at **AllCareHealth.com/CCO/Lookup-Tools/Find-A-Doctor**) or someone working for them cannot bill you or try to collect any money owed by AllCare CCO for services you are not responsible for covering.

Members cannot be billed for missed appointments or errors.

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

Members cannot get balance or surprise billing.

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

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

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

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

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

There may be services you have to pay for.

Usually, with AllCare CCO, you will not have to pay any medical bills. Sometimes though, you do have to pay. When you need care, talk to your provider about options. The provider's office will check with AllCare CCO to see if a treatment or service is not covered. If you choose to get a service that is not covered, you may have to pay the bill. This happens only when you have talked about it and signed an Agreement to Pay form. Learn more on **page 171**.

You have to pay the provider if:

- **You get routine care outside of Oregon.** You get services outside Oregon that are not for urgent or emergency care.
- **You don't tell the provider you have OHP.** You did not tell the provider that you have AllCare CCO, another insurance or gave a name that did not match the one on the AllCare CCO ID at the time of or after the service was provided, so the provider could not bill AllCare CCO. Providers must verify your AllCare CCO eligibility at the time of service and before billing or doing collections. They must try to get coverage info prior to billing you.
- **You continue to get a denied service.** You or your representative requested continuation of benefits during an appeal and contested case hearing process, and the final decision was not in your favor. You will have to pay for any charges incurred for the denied services on or after the effective date on the notice of action or notice of appeal resolution.
- **You get money for services from an accident.** If a third-party payer, like car insurance, sent checks to you for services you got from your provider and you did not use these checks to pay the provider.
- **We don't work with that provider.** When you choose to see a provider that is not in-network with AllCare CCO you may have to pay for your services. Before you see a provider that is not in-network with AllCare CCO please call Customer Care at the phone numbers listed at the bottom of this page or work with your PCP. Prior approval may be needed or there may be a provider in-network that can fit your needs. For a list of in-network Providers see **page 55**.
- **You choose to get services that are not covered.** You have to pay when you choose to have services that the provider tells you are not covered by AllCare

CCO. In this case:

- The service is something that your plan does not cover.
- Before you get the service, you sign a valid Agreement to Pay form. Learn more about the form below.
- Always contact AllCare CCO Customer Service first to discuss what is covered. If you get a bill, please contact AllCare CCO Customer Service right away.

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

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

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

An agreement to pay form is used when you want a service that is not covered by AllCare CCO or OHP. The form is also called a waiver. You can only be billed for a service if you sign the Agreement to Pay form. You should not feel forced to sign the form. You can see a copy of the form at **https://bit.ly/OHPwaiver**.

You do not have to sign the Agreement to Pay form if you do not want to. If you are unsure if you should sign the Agreement to Pay form or have any question about if a benefit is covered, please contact AllCare CCO Customer Care at the phone numbers listed at the bottom of this page for help. If AllCare CCO or your provider tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See **page 190**.

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

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

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

Because some out of network emergency providers are not familiar with Oregon's OHP (Medicaid) rules, they may bill you. You should not be billed for emergency or post-hospitalization care. Contact AllCare CCO Customer Care if you get a bill. We have resources to help.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Call us right away if you get any bills from out of state providers.

Some providers send unpaid bills to collection agencies and may even sue in court to get paid. It is harder to fix the problem once that happens. As soon as you receive a bill:

- Do not ignore medical bills.
- Contact Customer Care as soon as possible at the phone numbers listed at the bottom of this page between 8:00 a.m. and 8:00 p.m.
- If you get court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at (800) 520-5292 for free legal advice. There are consumer laws that can help you when you are wrongfully billed while on OHP.
- If you got a bill because your claim was denied by AllCare CCO, contact Customer Care. Learn more about denials, your rights, and what to do if you disagree with us on **page 190**.

Important tips about paying for services and bills.

- We strongly urge you to call Customer Care before you agree to pay a provider.
- If your provider asks you to pay a copay, do not pay it! Ask the office staff to call AllCare CCO.
- AllCare CCO pays for all covered services in accordance with the Prioritized List of Health Services, see **page 64**.
- For a brief list of benefits and services that are covered under your OHP benefits with AllCare CCO, and who covers case management and care coordination, see **page 68**. If you have any questions about what is covered, you can ask your PCP or call AllCare CCO Customer Care.
- No AllCare CCO in-network provider or someone working for them can bill a member, send a member's bill to a collection agency, or maintain a civil action against a member to collect any money owed by AllCare CCO for services you are not responsible for.
- Members are never charged for rides to covered appointments. See **page 130**. Members may ask to get reimbursements for driving to covered visits or get bus passes to use the bus to go to covered visits.

Need help? Call Customer Care:

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- Protections from being billed usually only apply if the medical provider knew or should have known you had OHP. Also, they only apply to providers who work with OHP (but most providers do).
- Sometimes, your provider does not fill out the paperwork correctly. When this happens, they might not get paid. That does not mean you have to pay. If you already got the service and we refuse to pay your provider, your provider still cannot bill you.
- You may get a notice from us saying that we will not pay for the service. That notice does not mean you have to pay. The provider will write off the charges.
- If AllCare CCO or your provider tell you that the service is not covered by OHP, you still have the right to challenge that decision by filing an appeal and asking for a hearing. See **page 190**.
- In the event of AllCare CCO closing, you are not responsible to pay for services we cover or provide.

Members with OHP and Medicare

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

If you have both, you are not responsible for:

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

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

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

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

Providers will bill your Medicare and AllCare CCO.

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

- Give the provider your OHP ID number and tell them you're covered by AllCare CCO. If they still say you owe money, call Customer Care at the phone numbers listed at the bottom of this page. We can help you.
- Learn about the few times a provider can send you a bill on **page 170**.

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

Extra help for people with Medicaid and Medicare.

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

Changing CCOs and moving care

You have the right to change CCOs or leave a CCO.

If you do not have a CCO, your OHP is called Fee-For-Service or open card. This is called "fee-for-service" because the state pays providers a fee for each service they provide. Fee-for-service members get the same types of physical, dental, and behavioral health care benefits as CCO members.

The CCO you have depends on where you live. The rules about changing or leaving a CCO are different when there's only one CCO in the area and when there are more CCOs in an area.

Members with Medicare and OHP (Medicaid).

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

American Indian and Alaska Native with proof of Indian Heritage.

You can also get care from an Indian Health Services facility, tribal health clinic/ program, or urban clinic and OHP fee-for-service.

Service areas with only one CCO:

Members with only one CCO in their service area may ask to disenroll (leave) a CCO and get care from OHP fee-for-service at any time for any of the following "with cause" reasons:

- The CCO has moral or religious objects about the service you want.
- You have a medical reason. When related services are not available in network and your provider says that getting the services separately would mean unnecessary risk. Example: a Caesarean section and a tubal ligation at the same time.
- Other reasons including, but not limited to, poor care, lack of access to covered services, or lack of access to network providers who are experienced in your specific health care needs.
- Services are not provided in your preferred language.
- Services are not provided in a culturally appropriate manner; or
- You're at risk of having a lack of continued care.

If you move to a place that your CCO does not serve, you can change plans as soon as you tell OHP about the move. Please call OHP at (800) 699-9075 or use your online account at **ONE.Oregon.gov**.

Service areas with more than one CCO:

Members with more than one CCO in their service area may ask to leave and change

to a different CCO at any time for any of the following "with cause" reasons:

- You move out of the service area.
    - If you move to a place that your CCO does not serve, you can change plans as soon as you tell OHP about the move. Please call OHP at (800) 699-9075 or use your online account at **ONE.Oregon.gov**.
- The CCO has moral or religious objections about the service you want.
- You have a medical reason. When related services are not available in network and your provider says that getting the services separately would mean unnecessary risk. Example: a Caesarean section and a tubal ligation at the same time.
- Other reasons including, but not limited to, poor care, lack of access to covered services, or lack of access to network providers who are experienced in your specific health care needs.
- Services are not provided in your preferred language.
- Services are not provided in a culturally appropriate manner; or
- You're at risk of having a lack of continued care.

Members with more than one CCO in their service area may also ask to leave and change a CCO at any time for the following "without cause" reasons:

- Within 30 days of enrollment if:
    - You don't want the plan you were enrolled in, or
    - You asked for a certain plan and the state put you in a different one.
- In the first 90 days after you join OHP or
    - If the state sends you a "coverage" letter that says you are part of the CCO after your start date, then you have 90 days after that letter date.
- After you have been with the same CCO for 6 months.
- When you renew your OHP.
- If you lose OHP for less than 2 months, are re-enrolled into a CCO, and missed your chance to pick the CCO when you would have renewed your OHP.
- When a CCO is suspended from adding new members.

- At least once every 12 months if the options above don't apply.

You can ask about these options by phone or in writing. Please call OHP Client Services at (800) 273-0557 or email **Oregon.Benefits@odhsoha.oregon.gov**.

How to change or leave your CCO

Things to consider: AllCare CCO wants to make sure you receive the best possible care. AllCare CCO can give you some services that FFS or open card cannot. When you have a problem getting the right care, please let us try to help you before leaving AllCare CCO.

If you still wish to leave there must be another CCO available in your service area for you to switch your plan.

Tell OHP if you want to change or leave your CCO. You and/or your representative can call OHP Customer Service at (800) 699-9075 or OHP Client Services at (800) 273-0557, (TTY 711), Monday through Friday, 8 a.m. to 5 p.m. PT. Use your online account at **ONE.Oregon.gov** or email OHP at: **Oregon.Benefits@odhsoha.oregon.gov**. The effective date of disenrollment will be the first of the month following OHA's approval of disenrollment.

You can get care while you change your CCO. See **page 180** to learn more.

Adoption and Guardianship families should contact the Adoption and Guardianship Medical Eligibility and Enrollment coordinator at:

- Call: **(503) 509-7655**
- Email: **Cw-aa-ga-medicalassist@odhsohs.oregon.gov**
- Online: **oregon.gov/odhs/adoption/Pages/assistance.aspx**

AllCare CCO can ask you to leave for some reasons

AllCare CCO may ask OHA to remove you from our plan if you:

- Are abusive, uncooperative, or disruptive to our staff or providers. Unless when the behavior is due to your special health care need or disability.
- Commit fraud or other illegal acts, such as letting someone else use your health care benefits, changing a prescription, theft, or other criminal acts.

- Are violent or threat violence. This could be directed at a health care provider, their staff, other patients, or AllCare CCO staff. When the act or threat of violence seriously impairs AllCare CCO ability to furnish services to either you or other members.

We have to ask the state (Oregon Health Authority) to review and approve removing you from our plan. You will get a letter if the CCO ask to disenroll (remove) you has been approved. You can make a complaint if you are not happy with the process or if you disagree with the decision. See **page 190** for how to make a complaint or ask for an appeal.

AllCare CCO cannot ask to remove you from our plan because of reasons related to (but not limited to):

- Your health status gets worse.
- You don't use services.
- You use many services.
- You are about to use services or be placed in a care facility (like a long-term care facility or Psychiatric Residential Treatment Facility).
- Special needs behavior that may be disruptive or uncooperative.
- Your protected class, medical condition or history means you will probably need many future services or expensive future services.
- Your physical, intellectual, developmental, or mental disability.
- You are in the custody of ODHS Child Welfare.
- You make a complaint, disagree with a decision, ask for an appeal or hearing.
- You make a decision about your care that AllCare CCO disagrees with.

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page or OHP Client Services at (800) 273-0557.

You will get a letter with your disenrollment rights at least 60 days before you need to renew your OHP.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Care while you change or leave a CCO

Some members who change plans might still get the same services, prescription drug coverage and see the same providers even if not in-network. That means care will be coordinated when you switch CCOs or move from OHP fee-for-service to a CCO. This is sometimes called "Transition of Care."

If you have serious health issues, need hospital care or inpatient mental health care, your new and old plans must work together to make sure you get the care and services you need.

When you need the same care while changing plans.

This help is for when you have serious health issues, need hospital care, or inpatient mental health care. Here is a list of some examples of when you can get this help:

- End-stage renal disease care.
- You're a medically fragile child.
- Receiving breast and/or cervical cancer treatment program members.
- Receiving Care Assist help due to HIV/AIDS.
- Post-transplant care.
- You're pregnant or just had a baby.
- Receiving treatment for cancer.
- Any member that if they don't get continued services may suffer serious detriment to their health or be at risk for the need of hospital or institution care.

The time frame that this care lasts is:

Membership type	How long you can get the same care
OHP with Medicare (Full Benefit Dual Eligible)	90 days
OHP only	30 days for physical and oral health* 60 days for behavioral health*

*Or until your new primary care provider (PCP) has reviewed your treatment plan.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

If you are leaving AllCare CCO, we will work with your new CCO or OHP to make sure you can get those same services listed below.

If you need care while you change plans or have questions please call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page.

AllCare CCO will make sure members who need the same care while changing plans get:

- Continued access to care and rides to care.
- Services from their provider even if they are not in the AllCare CCO network until one of these happen:
    - The minimum or approved prescribed treatment course is completed, or
    - Your provider decides your treatment is no longer needed. If the care is by a specialist, the treatment plan will be reviewed by a qualified provider.
- Some types of care will continue until complete with the current provider. These types of care are:
    - Care before and after you are pregnant/deliver a baby (prenatal and postpartum).
    - Transplant services until the first year post-transplant.
    - Radiation or chemotherapy (cancer treatment) for their course of treatment.
    - Medications with a defined least course of treatment that is more than the transition of care time frames above.

You can get a copy of the AllCare CCO Transition of Care Policy by calling Customer Care at the phone numbers listed at the bottom of this page. It is also on our website at: **AllCareHealth.com/TOC/NewEnrolleeAccessToCare**. Please call Customer Care if you have questions.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

End of life decisions

Advance directives.

All adults have the right to make decisions about their care. This includes the right to accept and refuse treatment. An illness or injury may keep you from telling your doctor, family members or representative about the care you want to receive. Oregon law allows you to state your wishes, beliefs, and goals in advance, before you need that kind of care. The form you use is called an **advance directive**.

An advance directive allows you to:

- Share your values, beliefs, goals and wishes for health care if you are unable to express them yourself.
- Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree to act in this role.
- Allows you the right to deny or accept medical treatment or surgeries and the right to make decisions about your medical care.

How to get more information about Advance Directives.

An Advance Directive User's Guide is available. It provides information on:

- The reasons for an Advance Directive.
- The sections in the Advance Directive form.
- How to complete or get help with completing an Advance Directive.
- Who should be provided a copy of an Advance Directive.
- How to make changes to an Advance Directive.

To download a copy of the Advance Directive User's Guide or Advance Directive form, please visit: **oregon.gov/oha/ph/about/pages/adac-forms.aspx**.

We can give you a free booklet on advance directives. It is called the Advanced Directive "Conversation Starter Guide". You can also get an Advanced Directive form to fill out. To get a copy of the booklet and the Advance Directive form, call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page.

To learn more about our Advance Directive Policy, please visit: **AllCarehealth.com/medicaid/advancedirectivepolicy**.

To download the Advance Directive "Conversation Starter Guide", please visit: **Theconversationproject.org/wp-content/uploads/2020/12/ConversationStarterGuide.pdf**.

You can find and download Advance Directive forms at: **oregon.gov/oha/ph/about/pages/adac-forms.aspx**.

You also can learn about advance directives by calling Oregon Health Decisions at: **(503) 692-0894** or **(800) 422-4805**, TTY **711**. Hours: Monday through Thursday, 9 a.m. to 3 p.m. PT.

Other helpful information about Advance Directives.

- Completing the advance directive is your choice. If you choose not to fill out and sign the advance directive, your coverage or access to care will stay the same.
- You will not be treated differently by AllCare CCO if you decide not to fill out and sign an advance directive.
- If you complete an advance directive be sure to talk to your providers and your family about it and give them copies.
- AllCare CCO will honor any choices you have listed in your completed and signed Advance Directive. If a doctor you work with has a moral objection to honoring your Advance Directive, please contact Customer Care at the phone numbers listed below. We will help you find another provider that does not have a conscientious objection.

How to report if AllCare CCO did not follow advance directive requirements.

You can make a complaint to the Health Licensing Office if your provider does not do what you ask in your advance directive.

- **Health Licensing Office**
  (503) 370-9216, TTY 711
  Hours: Monday through Friday, 8 a.m. to 5 p.m. PT
- **Mail a complaint to:**
  1430 Tandem Ave NE, Suite 180
  Salem, OR 97301
- **Email:** hlo.info@odhsoha.oregon.gov
- **Online:** oregon.gov/oha/PH/HLO/Pages/File-Complaint.aspx

You can make a complaint to the Health Facility Licensing and Certification Program if a facility (like a hospital) does not do what you ask in your advance directive.

- **Health Facility Licensing and Certification Program**
  800 NE Oregon Street, Suite 465
  Portland, OR 97322
- **Email:** mailbox.hclc@odhsoha.oregon.gov
- **Fax:** (971) 673-0556
- **Online:** oregon.gov/OHA/PH/ProviderPartnerResources/HealthcareProvidersFacilities/HealthcareHealthCareRegulationQualityImprovement/Pages/index.aspx

Call Customer Care at the phone numbers listed at the bottom of this page to get a paper copy of the complaint form. You can find complaint forms and learn more at: Oregon.gov/oha/PH/HLO/Pages/File-Complaint.aspx.

How to Cancel an Advance Directive.

To cancel, ask for copies of your advance directive back and tear them up. You can also write **CANCELED** in large letters, sign, and date them. For questions or more info contact Oregon Health Decisions at (800) 422-4805 or (503) 692-0894, TTY 711.

What is the difference between a POLST and advance directive?

Portable Orders for Life-Sustaining Treatment (POLST).

A POLST is a medical form that you can use to make sure your wishes for treatment near the end of life are followed by medical providers. You are never required to fill out a POLST, but if you have serious illnesses or other reasons why you would not want all types of medical treatment, you can learn more about this form. The POLST is different from an Advance Directive:

	Advance Directive	POLST
What is it?	Legal document.	Medical order.
Who can get it?	For all adults over the age of 18.	Anyone of any age with a serious illness.
Does my provider need to approve/sign?	Does not require provider approval.	Needs to be signed and approved by healthcare provider.
When is it used?	Future care or condition.	Current care and condition.

To learn more, visit: **oregonpolst.org**.

Email: polst@ohsu.edu

Call Oregon POLST at: (503) 494-3965.

Declaration for Mental Health Treatment

Oregon has a form for writing down your wishes for mental healthcare. The form is called the Declaration for Mental Health Treatment. The form is for when you have a mental health crisis, or you can't make decisions about your mental health treatment. You have the choice to complete this form, when not in a crisis, and can understand and make decisions about your care.

What does this form do for me?

The form tells what kind of care you want if you are ever unable to make decisions on your own. Only a court and two doctors can decide if you cannot make decisions about your mental health.

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

A declaration form is only good for 3 years. If you become unable to decide during those 3 years, your form will take effect. It will remain in effect until you can make decisions again. You may cancel your declaration when you can make choices about your care. You must give your form both to your PCP and to the person you name to make decisions for you.

To learn more about the Declaration for Mental Health Treatment, visit the State of Oregon's website at:
https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/le9550.pdf.

If your provider does not follow your wishes in your form, you can complain. A form for this is at **HealthOregon.org/hcrqi**. Mark clearly on the envelope ***CONFIDENTIAL*** and mail to:

Health Care Regulation and Quality Improvement
800 N.E. Oregon St., Suite 465
Portland, OR 97232
Email: Mailbox.hclc@odhsoha.oregon.gov
Phone: (971) 673-0540, **TTY:** (971) 673-0372, **Fax:** (971) 673-0556

Reporting Fraud, Waste, or Abuse

We're a community health plan, and we want to make sure that health care dollars are spent helping our members be healthy and well. We need your help to do that.

If you think fraud, waste, or abuse has happened report it as soon as you can. You can report it anonymously. Whistleblower laws protect people who report fraud, waste, and abuse. You will not lose your coverage if you make a report. It is illegal to harass, threaten, or discriminate against someone who reports fraud, waste, or abuse.

What is Fraud, Waste or Abuse?

Fraud is done on purpose. It is deception or misrepresentation when the person knows that the information being given is not true.

Abuse is payment for items or services that have no allowed reason for payment and the provider did not know when they tried to get the payment.

Waste is over using of services that are not medically needed.

Medicaid Fraud is against the law and AllCare CCO takes this seriously

Some examples of fraud, waste and abuse by a provider could be:

- A provider charging you for a service covered by AllCare CCO.
- A provider billing for services that you did not receive.
- A provider giving you a service that you do not need based on your health condition.

Some examples of fraud, waste and abuse by a member could be:

- Getting items from the Medicaid program and reselling them.
- Someone using another person's ID to get benefits.

AllCare CCO is committed to preventing fraud, waste, and abuse. We will follow all related laws, including the State's False Claims Act and the Federal False Claims Act.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

How to make a report of Fraud, Waste and Abuse

There are several ways to report Fraud, Waste and Abuse. We have a toll-free hot line and an anonymous website for reporting. If you think errors, fraud, waste, or abuse have happened, report it as soon as you can! Telling us will help stop other members from becoming victims. If you have doubts on information about your Explanation of Benefits or believe there may be errors, fraud, waste or abuse, please contact us.

The law protects people who report Fraud, Waste, and Abuse. You cannot lose your job or lose your coverage. You cannot be threatened, harassed, or discriminated against for reporting.

You can make a report of fraud, waste and abuse a few ways:

Call, fax, submit on-line or write directly to AllCare CCO. **We report all suspected fraud, waste, and abuse committed by providers or members to the state agencies listed below**.

AllCare CCO Confidential Anonymous Hot line
Toll free: (877) 874-8416
7 days a week, 24 hours a day
or, you may submit the complaint online at: **AllCarehealth.EthicsPoint.com**

This website can be translated to Spanish by clicking on the Español link at the top right hand corner of the webpage.

OR

Report Member fraud, waste and abuse:

ODHS Fraud Investigation Unit
PO Box 14150
Salem, Oregon 97309
Toll free Hotline: (888) FRAUD01 (888-372-8301)
Fax (503) 373-1525, Attn: Hotline
Online: **oregon.gov/odhs/financial-recovery/Pages/fraud.aspx**

OR (specific to providers)

OHA Office of Program Integrity (OPI)
500 Summer St. NE E-36
Salem, OR 97301
Toll free Hotline: (888) FRAUD01 (888-372-8301)
Online: **oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx**

OR

Medicaid Fraud Control Unit (MFCU)
Oregon Department of Justice
100 SW Market Street
Portland, Oregon 97201
Phone: (971) 673-1880
E-mail: **Medicaid.Fraud.Referral@doj.state.or.us**
Online: **doj.state.or.us/consumer-protection/sales-scams-fraud/medicaid-fraud/**

To report fraud online:

oregon.gov/odhs/financial-recovery/pages/fraud.aspx

Complaints, Grievances, Appeals and Fair Hearings

AllCare CCO makes sure all members have access to a grievance system (complaints, grievances, appeals and hearings). We try to make it easy for members to file a complaint, grievance, or appeal and get info on how to file a hearing with the Oregon Health Authority.

Let us know if you need help with any part of the complaint, grievance, appeal, and/or hearings process. We can also give you more information about how we handle complaints/grievances and appeals. Copies of our notice template are also available. If you need help or would like more information beyond what is in the handbook, please call Customer Care at the phone numbers listed at the bottom of this page.

You can make a complaint.

- A complaint is letting us know you are not satisfied.
- A dispute is when you do not agree with AllCare CCO or a provider.
- A grievance is a complaint you can make if you are not happy with AllCare CCO, your healthcare services, or your provider. A dispute can also be a grievance.

To make it easy, OHP uses the word complaint for grievances and disputes, too.

You have a right to make a complaint if you are not satisfied with any part of your care. We will try to make things better. Just call Customer Care at the phone numbers listed at the bottom of this page. You can also make a complaint with OHA or Ombuds. You can reach OHA at **(800) 273-0557** or Ombuds at **(877) 642-0450**.

You can write to us at:

AllCare CCO
Attention: Appeals
1701 NE 7th Street
Grants Pass, OR 97526

You can file a complaint about any matter other than a notice of denial (NOABD) and at any time orally or in writing. If you file a complaint with OHA it will be forwarded to AllCare CCO.

Examples of reasons you may file a complaint are:

- Problems making appointments or getting a ride.
- Problems finding a provider near where you live.
- Not feeling respected or understood by providers, provider staff, drivers or AllCare CCO.
- Feeling that your consumer rights were not taken care of.
- Care you were not sure about, but got anyway.
- Bills for services you did not agree to pay.
- Disputes on AllCare CCO extension proposals to make approval decisions.
- Driver or vehicle safety.
- Quality of the service you received.

A representative or your provider may make (file) a complaint on your behalf, with your written permission to do so.

We will look into your complaint and let you know what can be done as quickly as your health requires. This will be done within 5 business days from the day we got your complaint.

If we need more time, we will send you a letter within 5 business days. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language. We will send you a letter within 30 days of when we got the complaint explaining how we will address it.

If you are unhappy with how we handled your complaint, you can share that with the OHP Client Services Unit at **(800) 273-0557** or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please go to **www.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx** and send an email, or leave a message at **(877) 642-0450**.

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

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

AllCare CCO, its contractors, subcontractors, and participating providers cannot:

- Stop a member from using any part of the complaint and appeal system process or take punitive action against a provider who asked for an expedited result or supports a member's appeal.
- Encourage the withdrawal of a complaint, appeal, or hearing already filed; or
- Use the filing or result of a complaint, appeal, or hearing as a reason to react against a member or to request member disenrollment.
- Stop a member from making a complaint that was made before, or making the same complaint if the problem was not resolved.

You can ask us to change a decision we made. This is called an appeal.

You can call, write a letter, or fill out a form that explains why the plan should change its decision about a service.

If we deny, stop, or reduce a medical, dental or behavioral health service, we will send you a denial letter that tells you about our decision. This denial letter is also called a Notice of Adverse Benefit Determination (NOABD). We will also let your provider know about our decision.

If you disagree with our decision, you have the right to ask us to change it. This is called an appeal because you are appealing our decision.

To Support your appeal, you have the right to:

- Give information and testimony in person or in writing.
- Make legal and factual arguments in person or in writing. You must do these things within appeal timeframes listed below and on the following pages.

Don’t agree with our decision? Follow these steps:

1	**Ask for an appeal** You must ask within 60 days of your denial letter’s date. Call or send a form.
2	**Wait for our replay** We have 16 days to reply. Need a faster reply? Ask for a fast appeal.
3	**Read our decision** Still don’t agree? You can ask the state to review. This is called a hearing.
4	**Ask for an hearing** You must ask within 120 days of the appeal decision letter date.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Follow these steps if you do not agree with our decision

Step 1

Ask for an appeal.

You must ask within 60 days of the date of the denial letter (NOABD).

Call Customer Care at (541) 471-4106, Toll free (888) 460-0185, TTY 711, Language Access (888) 260-4297. You can ask for an appeal verbally, in writing, or use the Request to Review a Health Care Decision form. The form was sent with the denial letter. You can also get it at **https://bit.ly/request2review**. You can mail the form or written request to:

AllCare CCO
Attention: Appeals
1701 NE 7th Street
Grants Pass, OR 97526

You can also fax the form to (541) 471-3789.

Who can ask for an appeal?

You or someone with written permission to speak for you. That could be your doctor or an authorized representative.

Step 2

Wait for our reply.

Once we get your request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can give us any more information you think would help us review the decision.

To support your appeal, you have the right to:

- Give information and testimony in person or in writing.
- Make legal and factual arguments in person or in writing.

You must do these things within appeal timeframes listed below.

How long do you get to review my appeal?

We have 16 days to review your request and reply. If we need more time, we will send you a letter. We have up to 14 more days to reply.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Step 2 Cont.	**What if I need a faster reply?** You can ask for a fast appeal. This is also called an expedited appeal. Call us or fax the request form. The form was sent with the denial letter. You can also get it at **https://bit.ly/request2review**. Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal. **How long does a fast appeal take?** If you get a fast appeal, we will make our decision as quickly as your health requires, no more than 72 hours from when the fast appeal request was received. We will do our best to reach you and your provider by phone to let you know our decision. You will also get a letter. At your request or if we need more time, we may extend the time-frame for up to 14 days. If a fast appeal is denied or more time is needed, we will call you and you will receive written notice within two days. A denied fast appeal request will become a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days. If you don't agree with a decision to extend the appeal time frame or if a fast appeal is denied, you have the right to file a complaint.
Step 3	**Read our decision.** We will send you a letter with our appeal decision. This appeal decision letter is also called a Notice of Appeal Resolution (NOAR). If you agree with the decision, you do not have to do anything.

Step 4

Still Don't agree? Ask for a hearing.

Still don't agree? Ask for a hearing.

You can ask the state to review the appeal decision. This is called asking for a hearing. You must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).

What if I need a faster hearing?

You have the right to ask for a fast hearing. This is also called an expedited hearing. Use the online hearing form at **https://bit.ly/request2review** to ask for a normal hearing or a faster hearing.

To ask for a normal hearing or a faster hearing, call the state at (800) 273-0557 (TTY 711) or use the request form that was sent with the letter. Get the form at **https://bit.ly/request2review**. You can send the form to:

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

The state will decide if you can have a fast hearing 2 working days after getting your request.

Who can ask for a hearing?

You or someone with written permission to speak for you. That could be your doctor or an authorized representative.

What happens at a hearing?

At the hearing, you can tell the Oregon Administrative Law judge why you do not agree with our decision about your appeal. The judge will make the final decision.

Questions and answers about appeals and hearings.

What if I don't get a denial letter? Can I still ask for an appeal?

You have to get a denial letter before you can ask for an appeal.

Providers should not deny a service. They have to ask AllCare CCO if you can get approval for a service.

If your provider says that you cannot have a service or that you will have to pay for a service, you can ask us for a denial letter (NOABD). Once you have the denial letter, you can ask for an appeal.

What if AllCare CCO doesn't meet the appeal timeline?

If we take longer than 30 days to reply to your appeal, you can ask the state for a review. This is called a hearing. To ask for a hearing, call the state at (800) 273-0557 (TTY 711) or use the online hearing form at **https://bit.ly/ohp-hearing-form**.

Can someone else represent me or help me in a hearing?

You have the right to have another person of your choosing represent you in the hearing. This could be anyone, like a friend, family member, lawyer, or your provider. You also have the right to represent yourself if you choose. If you hire a lawyer, you must pay their fees.

For advice and possible no-cost representation, call the Public Benefits Hotline at (800) 520-5292; TTY 711. The hotline is a partnership between Legal Aid of Oregon and the Oregon Law Center. Information about free legal help can also be found at **OregonLawHelp.org**.

Can I still get the benefit or service while I'm waiting for a decision?

If you have been getting the benefit or service that was denied and we stopped providing it, you or authorized representative, with your written permission, can ask us to continue it during the appeal and hearings process.

You need to:

- Ask for this within 10 days of the date of notice or by the date theis decision is effective, whichever is later. You can ask by phone, letter, or fax. You can call us at the phone numbers listed at the bottom of this page.

OR

- Use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at **https://bit.ly/request2review**.
- **Answer "yes" to the question about continuing services on box 8 on page 4 on the Request to Review a Health Care Decision form.**

You can mail the form to:

AllCare CCO
Attention: Appeals
1701 NE 7th Street
Grants Pass, OR 97526

Do I have to pay for the continued service?

If you choose to still get the denied benefit or service, you may have to pay for it. If we change our decision during the appeal, or if the judge agrees with you at the hearing, you will not have to pay.

If we change our decision and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

What if I also have Medicare? Do I have more appeal rights?

If you have both AllCare CCO and Medicare, you may have more appeal rights than those listed above. Call Customer Care at the phone numbers listed at the bottom of this page for more information. You can also call Medicare at **(800) MEDICARE** or **(800) 633-4227** to find out more on your appeal rights.

What if I want to see the records that were used to make the decision about my service(s)?

You can call AllCare CCO Customer Care at the phone numbers listed at the bottom of this page to ask for free copies of all paperwork used to make the decision.

Practice guidelines

Practice Guidelines are used to create our health care policies for treatment and care. You can find our Practice Guidelines on our website at **AllCarehealth.com/CCO/Resources/Clinical-Practice-Guidelines**.

If you would like a copy of the Practice Guidelines, or to get them in a different format (such as other languages, large print, or braille) at no cost, please call Customer Care at the phone numbers at the bottom of this page. A copy will be provided within five (5) business days.

Physician incentives and provider payment

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

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

Words to know

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

Advance Directive – A legal form that lets you express your wishes for end-of-life care. You can choose someone to make health care decisions for you if you can't make them yourself.

Advocate – A person who supports you or helps protect your rights.

AllCare CCO – A company that has a contract with the State of Oregon. The contract is to administer Oregon Health Plan (OHP) benefits. AllCare CCO coordinates care for OHP members. They help members in:

- Jackson County
- Josephine County
- Curry County
- Glendale and Azalea in Douglas County

Appeal – When you ask your plan to change a decision you disagree with about a service your doctor ordered. You can call, write a letter or fill out a form that explains why the plan should change its decision. This is called filing an appeal.

Assessment – Review of information about a patient's care, health care problems, and needs. This is used to know if care needs to change and plan future care.

Authorized representative – A person you say can make decisions for you. They can also sign things for you. This person could be a family member or guardian. If you want to give someone the ability to do these things for you, you must fill out a special form.

Balance bill (surprise billing) - Balance billing is when you get a bill from your provider for a leftover amount. This happens when a plan does not cover the entire cost of a service. This is also called a surprise bill. OHP providers are not supposed to balance bill members.

Behavioral health – This is mental health, mental illness, addiction and substance use disorders. It can change your mood, thinking, or how you act.

Benefits – The services that your health plan pays for.

Care coordination – A service that gives you education, support and community resources. It helps you work on your health and find your way in the health care system.

Civil action – A lawsuit filed to get payment. This is not a lawsuit for a crime. Some examples are personal injury, bill collection, medical malpractice, and fraud.

Co-insurance – The amount someone must pay to a health plan for care. It is often a percentage of the cost, like 20%. Insurance pays the rest.

Complaint – A telephone call or letter to AllCare CCO to complain. It can be about your health care or about one of the providers in our network. A complaint does not include coverage or payment disputes (see Appeal).

Community Health Workers – A person who is trained to help you get health care services. They can help you find the best care for the services you need.

Contested case hearing – A trial done by a State of Oregon Office of Administrative Hearings judge. You can ask for this hearing after you receive a Notice of Adverse Benefit Determination (also known as Notice of Action-Benefit Denial) to deny, reduce, or stop benefits.

Consumer laws – Rules and laws meant to protect people and stop dishonest business practices.

Coordinated Care Organization (CCO) – A CCO is a local OHP plan that helps you use your benefits. CCOs are made up of all types of health care providers in a community. They work together to care for OHP members in an area or region of the state.

Copay or Copayment – An amount of money that a person must pay for services like prescriptions or visits. OHP members do not have copays. Private health insurance and Medicare sometimes have copays.

Crisis – A time of difficulty, trouble, or danger. It can lead to an emergency situation if not addressed.

Need help? Call Customer Care:

(541) 471-4106 Toll free: (888) 460-0185 TTY: 711
Lang. Access: (888) 260-4297 Línea en Español: (844) 908-2306

Customer Care – A department of AllCare Health that helps you with your questions, problems with your health care services, and AllCare CCO benefits.

Declaration of mental health treatment – A form you can fill out when you have a mental health crisis and can't make decisions about your care. It outlines choices about the care you want and do not want. It also lets you name an adult who can make decisions about your care.

Deductible – The amount you pay for covered health care services before your insurance pays the rest. This is only for Medicare and private health insurance.

Devices for habilitation and rehabilitation – Supplies to help you with therapy services or other everyday tasks. Examples include:

- Walkers.
- Canes.
- Crutches.
- Glucose monitors.
- Infusion pumps.
- Prosthetics and orthotics.
- Low vision aids.
- Communication devices.
- Motorized wheelchairs.
- Assistive breathing machine.

DHS – Department of Human Services.

Diagnosis – When a provider finds out the problem, condition, or disease.

Durable medical equipment (DME) – Things like wheelchairs, walkers and hospital beds that last a long time. They don't get used up like medical supplies.

Early and Periodic Screening Diagnostic and Treatment (EPSDT) - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program offers comprehensive and preventive health care services to individuals under the age of 21 who are covered by the Oregon Health Plan (OHP). EPSDT provides EPSDT Medically Necessary and EPSDT Medically Appropriate Medicaid-covered services to treat any physical, dental, vision, developmental, nutritional, and mental and behavioral health conditions. Coverage for EPSDT includes all services coverable under the Oregon Health Plan (OHP), when EPSDT Medically Necessary and EPSDT Medically Appropriate for the EPSDT individual.

Eligible – To meet conditions or requirements for a program.

Emergency – When you think your health will be in serious danger if you don't get help right away. If you are pregnant, this includes the health of your unborn baby. If you believe you have a medical emergency, call 9-1-1 or go directly to the hospital emergency room. Examples of emergencies include, but are not limited to:

- An illness or injury that needs care right away.
- Bleeding that won't stop.
- Severe pain.
- Broken bones.
- It can be something that will cause some part of your body to stop working right.
- An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.

Emergency dental condition - A dental health problem based on your symptoms. Examples are severe tooth pain or swelling.

Emergency medical condition – An illness or injury that needs care right away. This can be bleeding that won't stop, severe pain or broken bones. It can be something that will cause some part of your body to stop working. An emergency mental health condition is the feeling of being out of control or feeling like you might hurt yourself or someone else.

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

Emergency room care – Care you get when you have a serious medical issue and it is not safe to wait. This can happen in an ER.

ER or ED – It means emergency room or emergency department. This is the place in a hospital where you can get care for a medical or mental health emergency.

Emergency services – Care that improves or stabilizes sudden serious medical or mental health conditions.

Enroll – To join a program or health plan.

Excluded services – What a health plan does not pay for. Example: OHP doesn't pay for services to improve your looks, like cosmetic surgery or things that get better on their own, like a cold.

Federal and State False Claims Act – Laws that makes it a crime for someone to knowingly make a false record or file a false claim for health care.

Fee-for-service – Health care services that are covered by the Oregon Health Authority (OHA). When you are not enrolled in a CCO, you are a fee-for-service member because OHA pays for your care. OHA covers some services not covered by the CCO.

Grievance – A formal complaint about a plan, you can make if you are not happy with your CCO, your healthcare services, or your provider or clinic. OHP calls this a complaint. The law says CCOs must respond to each complaint.

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

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

Health Risk Assessment – A survey about a member's health. The survey asks about emotional and physical health, behaviors, living conditions and family history. CCOs use it to connect members to the right help and support.

Hearing – When you ask the Oregon Health Authority (OHA) to review a decision OHA or AllCare CCO made about covering a health care service. Hearings are held by an administrative law judge who is not part of AllCare CCO, the Oregon Health Authority, or the Oregon Health Plan.

Home health care – Services you get at home to help you live better after surgery, an illness or injury. Help with medications, meals and bathing are some of these services.

Hospice services – Services to comfort a person who is dying and to help their family. Hospice is flexible and can be pain treatment, counseling and respite care.

Hospital inpatient and outpatient care – Inpatient: When you are admitted to a hospital and stay at least three (3) nights. Outpatient: When surgery or treatment is performed in a hospital and then you leave after.

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

Household – People that all live together. This may a spouse, partner, children or other dependents who can be claimed on your taxes.

In-Network or Participating Provider – Any provider that works with your CCO. You can see in-network providers for free. Some network specialists require a referral.

Immunizations – Also called vaccines or shots. Medicines that are injected into the body to prevent a person from getting a disease or illness that may cause serious health problems.

Medicaid – A national program that helps with health care costs for people with low incomes. In Oregon, it is part of the Oregon Health Plan.

Medically necessary – Services and supplies that are needed to prevent, diagnose or treat a medical condition or its symptoms. It can also mean services that are standard treatment.

Medicare – A health care program for people 65 or older. It also helps people with certain disabilities of any age.

Network – The medical, mental health, dental, pharmacy and equipment providers that have a contract with a CCO.

Out-of-Network Provider – A provider who has not signed a contract with the CCO. The CCO doesn't pay for members to see them. You have to get approval to see an out-of-network provider.

Non-Network Provider – A provider who has not signed a contract with the CCO and may not accept the CCO payment as payment-in-full for their services.

Notice of action – Our written response to you denying any request for service or payment for service.

OHA – Oregon Health Authority. The state agency that oversees the Oregon Health Plan.

OHP – Oregon Health Plan, also known as Medicaid.

OHP Agreement to pay (OHP 3165 or 3166) Wavier - A form that you sign if you agree to pay for a service that OHP does not pay for. It is only good for the exact service and dates listed on the form. You can see the blank waiver form at https://bit.ly/OHPwaiver. Unsure if you signed a waiver form? You can ask your provider's office. For additional languages, please visit: **oregon.gov/oha/hsd/ohp/pages/forms.aspx**.

Outpatient care – Outpatient care is surgery or treatment you get in a hospital and then leave afterward.

Participating provider – A medical professional who is part of AllCare CCO's network of providers.

Patient-Centered Primary Care Home (PCPCH) – A health care clinic that focuses on the patient or member. It includes primary care providers and different specialty providers, all in one place.

Peer wellness specialist/Personal health navigator – A person who is specially trained to help you get the health services you need.

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Physician services – Services that you get from a doctor.

Plan – A health organization or CCO that pays for its members' health care services.

POLST – Portable Orders for Life-Sustaining Treatment (POLST). A form that you can use to make sure your care wishes near the end of life are followed by medical providers.

Post-Stabilization Services – Services after an emergency to help keep you stable, or to improve or fix your condition.

Preapproval (prior authorization, or PA) – A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

Premium – The cost of insurance.

Prescription drug coverage – Health insurance or plan that helps pay for medications.

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

Preventive care or prevention – Health care that helps keep you well. Examples are getting a flu vaccine or a check-up each year.

Primary care provider or physician (PCP) – A medical professional who takes care of your health. They are usually the first person you call when you have health issues or need care. Your PCP can be a doctor, nurse practitioner, physician's assistant, osteopath or sometimes a naturopath.

Primary care dentist (PCD) – The dentist you usually go to who takes care of your teeth and gums.

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

Post-stabilization – Care to keep you stable or improve your condition after an emergency is over and there is no chance of another emergency.

Referral - A referral is a written order from your provider noting the need for a service. Work with your provider for a referral.

Rehabilitation services – Services to help you get back to full health. These help usually after surgery, injury, or substance abuse. Rehabilitation devices are tools that help with recovery.

Representative – A person chosen to act or speak on your behalf.

Renewal – Each year, OHP members must make sure they still qualify for health benefits. This is called renewing. It happens one (1) time every year.

Screening – A survey or exam to check for health conditions and care needs.

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

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

Suicide – The act of taking one's own life.

Telehealth – Video care or care over the phone instead of in a provider's office.

Traditional Health Worker (THW) – A public health worker who works with healthcare providers to serve a community or clinic. A THW makes sure members are treated fairly. Not all THWs are certified by the state of Oregon. There are six (6) different types of THWs, including:

- Community health worker
- Peer wellness specialist
- Personal health navigator
- Peer support specialist
- Birth doula
- Tribal Traditional Health Workers

Transition of care - Some members who change OHP plans can still get the same services and see the same providers. That means care will not change when you switch CCO plans or move to/from OHP fee-for-service. This is called Transition of

care. If you have serious health issues, your new and old plans must work together to make sure you get the care and services you need.

Urgent care – Care that you need the same day for serious pain. It also includes care to keep an injury or illness from getting much worse or to avoid losing function in part of your body.

Well-child care – A series of regular medical exams where a doctor or nurse practitioner looks for problems with a child's physical and mental development. These exams help to ensure early and more effective medical treatment.

Whistleblower – Someone who reports waste, fraud, abuse, corruption, or dangers to public health and safety.

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allcare health®

An Oregon Benefit Company

AllCareHealth.com/CCO

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