September 2012

Your Community Health Plan

Columbia Pacific CCO
Your Community Health Plan
Member Handbook

This handbook is available in different formats, including languages, large print, computer disk, audio tape, oral presentation and Braille. If you would like a different format, please call Columbia Pacific CCO at 503-416-4100. The toll-free number is 1-800-224-4840. Our TTY/TDD number is 1-800-735-2900.

Este manual se encuentra disponible en diferentes formatos, incluyendo otros idiomas, letra grande, disco computacional, cinta de audio, presentación oral y Braille. Si le gustaría obtener un formato diferente, sírvase llamar al Servicio de Atención al Cliente de CareOregon (CareOregon Customer Service) al 503-416-4100. Si llama de larga distancia, marque el 1-800-224-4840. El número para personas con dificultades auditivas (TTY/TDD) es 1-800-735-2900.

Thank you for choosing Columbia Pacific CCO. Columbia Pacific works with the state of Oregon to provide health services to Oregon Health Plan (OHP) members. This member handbook gives important information about your OHP benefits. Please take time to read it, and keep this copy to answer questions.

TABLE OF CONTENTS

Why am I getting this handbook?.........................3
How do I get more information?.......................3
How do I get this handbook in a different format?...........3
What is a Coordinated Care Organization (CCO)?..........3
What is the Oregon Health Plan?.........................4
What are “Managed Care” and “Fee-For-Service”? ..........4
What is a Patient-Centered Primary Care Home (PCPCH)?...5
How Do I Get Help With Special Needs or Disabilities?.......5

Do Members Ever Change Plans?.........................6
How to Change CCOs...........................................6
If you want fee-for-service OHP instead of managed care........6
Could you be disenrolled?.................................6
How Do I File a Grievance?...............................6
Appeals and Hearings........................................6
How to appeal a denial .....................................7
How to get a fast appeal decision....................7
How to get an Administrative Hearing ..............7
How to get an Expedited Hearing....................7

On the cover clockwise beginning top left: Oregon Health Plan members Shana, Myrtle, Veronica, Brian and Pablo, Grace, Dewitt.

WHY AM I GETTING THIS HANDBOOK?

The state has redesigned how Oregon Health Plan (OHP) services are provided to make sure you get the best possible care. From now on, each community will have its own Coordinated Care Organization (CCO). CCOS like Columbia Pacific will bring together members, doctors, hospitals and the community to provide you with better, more coordinated service.

Your benefits will stay the same.
Your doctors and other providers will stay the same.

Your physical and mental health services will be coordinated.

CareOregon and the Greater Oregon Behavioral Health Inc. (GOBHI) have joined forces to serve you as Columbia Pacific CCO.

Beginning September 1, 2012, Columbia Pacific CCO will provide both your physical and mental health services. Then, by 2014 or sooner, we’ll provide your dental benefits, too.

HOW DO I GET MORE INFORMATION?

This is an interim handbook. Toward the end of the year, we’ll send you a new ID card, member handbook and provider directory. Meanwhile, if you have questions about benefits you can view your previous plan’s handbook at:

CareOregon
www.careoregon.org/MemberHandbooks
Greater Oregon Behavioral Health Inc. (GOBHI)
http://www.gobhi.org/member_handbook.html

If you have questions or need help with this handbook, please call or visit the Columbia Pacific CCO office and speak with Member Services at 503-416-4100, or toll-free at 1-800-224-4840. TTY/TDD users can call 1-800-735-2900. You will continue to call your current providers for appointments.

Columbia Pacific CCO
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Telephone: 503-416-4100
Toll Free: 1-800-224-4840
TTY: 1-800-735-2900
Office hours: 8 a.m. – 5 p.m., Monday through Friday

HOW DO I GET THIS HANDBOOK IN A DIFFERENT FORMAT?

This handbook is also available in other formats. Call Customer Service if you need materials in any of the following formats:

• Another language
• Audio tape
• Braille
• Computer disk
• Large print
• Oral presentation

WHAT IS A COORDINATED CARE ORGANIZATION (CCO)?

Columbia Pacific CCO is a Coordinated Care Organization (CCO). We are a group of all types of health care providers who work together for people on OHP in our community. Columbia Pacific CCO will serve Medicaid/Oregon Health Plan (OHP) recipients in Clatsop, Columbia and Tillamook counties and parts of Douglas County.

Columbia Pacific CCO Area 503-416-4100
TOLL-FREE 1-800-224-4840
TTY/TDD number 1-800-735-2900
CCOs bring together all types of care into one group. They make sure that anyone who provides your care — doctors, counselors, nurses — are better able to focus on prevention and improving your overall care.

This means they won’t only treat you when you get sick. If needed, they will also help you find ways to stay healthy and manage existing conditions.

Your new health plan will:
• Give you the tools and support you need to stay healthy
• Provide care and give advice that is easy to understand and follow
• Work with local resources to improve health and health care
• Focus on prevention and help you avoid unnecessary trips to the hospital or emergency room
• Work so that all Oregon Health Plan clients are treated fairly

WHAT IS THE OREGON HEALTH PLAN?

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians’ health care. The state of Oregon and the U.S. government’s Medicaid program pay for it. It covers different groups of services, called benefit packages:

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

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

There are other benefit packages. An Oregon Health Authority (OHA) or Department of Human Services (DHS) case worker can tell you which benefits you have.

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

OHP members don’t pay bills for covered services

If your health care provider sends you a bill, don’t pay it. Please call our Customer Service at 503-416-4100 or TTY 1-800-735-2900 right away.

WHAT ARE “MANAGED CARE” AND “FEE-FOR-SERVICE”?

Coordinated Care Organizations are a type of managed care. Another type is Dental Care Organizations (DCOs). The OHA wants OHP members to have their health care managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the health care services they need. In some parts of Oregon, most OHP members must receive managed medical and dental care.

Your plan administers the Oregon Health Plan or Medicaid for the state of Oregon.

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

WHAT IS A PATIENT-CENTERED PRIMARY CARE HOME (PCPCH)?

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

A Primary Care Home is a health care clinic where a team of professionals helps you coordinate all aspects of your care and focuses on keeping you healthy. The Oregon Health Authority’s Patient-Centered Primary Care Home Program recognizes clinics that provide this new kind of patient-centered care, and many Columbia Pacific clinics have achieved this recognition.

What you can expect from a primary care home:
• Person and family-centered care: Primary care homes know you and your health care needs, and partner with you to get the best possible care.
• Information and services when you need them: Primary care homes provide or help you get the health care, information, and services needed to manage your health.
• Participation: Primary care homes encourage and support you as you become involved in your own care at whatever level you choose.

To find out more about primary care homes, visit www.primarycarehome.oregon.gov.

Columbia Pacific coordinates the care they provide by focusing on the “big picture” of your health. First, we connect you to a primary care provider (PCP) who can help you stay healthy. Then, we provide information and access to preventive care that can keep you healthy. We make sure you work closely with your PCP and other providers, and we always keep working to improve health and health care. Most of all, we work with you and the rest of your health care team to make sure you feel comfortable and well cared for.

HOW DO I GET HELP WITH SPECIAL NEEDS OR DISABILITIES?

Exceptional Needs Care Coordination (ENCC) helps Columbia Pacific members who have special needs or disabilities to:
• Understand how Columbia Pacific works
• Find a provider who can help you with your special health care needs, including help with mental health and substance use issues
• Get a timely appointment with your PCP, specialist or other health care or behavioral health provider
• Obtain needed equipment, supplies or services
• Coordinate care among your doctors, other providers, home and community support agencies and social service organizations

Call our Customer Service Department. They will put you in touch with a Columbia Pacific staff member who is specially trained to meet your particular need.

Columbia Pacific CCO Area 503-416-4100
TOLL-FREE 1-800-224-4840
TTY/TDD number 1-800-735-2900
DO MEMBERS EVER CHANGE PLANS?

When you have a problem getting the right care, please let us try to help you before changing plans. Just call our Customer Service at 503-416-4100 or TTY 1-800-735-2900 and ask for our Care Coordinator.

How to Change CCOs

If you want to change plans, call your case worker. There are several chances for you to change as long as another plan is open for enrollment:

• If you or your family member did not choose CCO, you can change plans during the first 30 days after you enroll. Everyone in your family who is on OHP must change to the same plan.
• If you are new to OHP, you can change plans each time your case worker lets you know if it’s an option.

If you want fee-for-service OHP instead of managed care

OHP wants you to get your health care from a managed care plan like Columbia Pacific CCO. CCOs can provide some services that OHP can’t. But you can change to fee-for-service OHP at any time if you are:

• an American Indian or Alaska Native
• on Medicare and OHP

If you want to change plans, call your case worker who can find out if it’s an option.

Could you be disenrolled?

Columbia Pacific may ask the Division of Medical Assistance Programs (DMAP) to remove you from our plan if you:

• are abusive to us or your providers
• commit fraud, such as letting someone else use your health care benefits
• move out of our service area
• lose OHP eligibility

HOW DO I FILE A GRIEVANCE?

If you are very unhappy with Columbia Pacific CCO, your health care services or your provider, you can complain or file a grievance. We will try to make things better. Just call Customer Service at 503-416-4100 or TTY 1-800-735-2900, or send us a letter to the address on page 3. We will call or write back in a week to let you know that we are working on it.

We will also send you a letter in 30 days explaining how we will address your complaint. We will not tell anyone about your complaint unless you ask us to.

Appeals and Hearings

If we deny, stop or reduce a medical service your provider has ordered, we will mail you a Notice of Action letter explaining why we denied the service. The letter will have instructions on how to ask us to change our decision. You have a right to ask to change it through an appeal, a hearing, or both. You must ask no more than 45 days from the date on the Notice of Action letter.

How to appeal a denial

In an appeal, a new health care professional at Columbia Pacific CCO will review your case. Ask us for an appeal by calling Customer Service at 503-416-4100 or TTY 1-800-735-2900, or by writing us a letter.

If you want help with this, call and we can fill out an appeal form for you to sign. You can also ask your case worker for help. You will get a Notice of Appeal Resolution from us within 16 days letting you know if the reviewer agrees or disagrees with the denial.

You can keep on getting a service that already started before we denied it. If you continue the service and the reviewer agrees with the original denial, you may have to repay the cost of the services that you received after getting the denial letter.

How to get a fast appeal decision

If your provider believes that you have an urgent medical problem that cannot wait for a regular review, tell us that you want a fast (expedited) review. Include a statement from your provider or ask them to call us and explain why it is urgent. We will call you with a decision in three workdays.

How to get an Administrative Hearing

You may also ask for a hearing with a state of Oregon administrative law judge. You will have 45 days from the date on your Notice of Action or Notice of Appeal Resolution to ask the state for a hearing. Your Notice of Action denial letter will have a Hearing Request form that you can send in. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0777, TTY 711 to ask for a form.

At the hearing, which will be held over the phone, you can tell the judge why you do not agree with our denial and why the services should be covered. You do not need a lawyer, but you can have one or someone else, like your doctor, with you. If you hire a lawyer you must pay their fees. You can ask the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520-5292, TTY 711, for advice and possible representation. You can also find free Legal Aid information at www.oregonlawhelp.org.