

WellRide
Non-Emergent Medical Transportation
Rider Guide
2026



WellRide Non-Emergent Medical Transportation Rider Guide Effective 01/01/2026

All members have a right to know about and use our programs and services. Language access services also apply to member representatives, family members and caregivers with hearing impairments or limited English proficiency who need to understand the member's condition and care.

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

- Qualified sign language interpreters
- Written information in large print, audio, braille or other formats
- Use of auxiliary aids including written, to understand the information provided
- Other reasonable modifications

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

- Qualified interpreters
- Written information in other languages
 - Spanish
 - Russian
 - Vietnamese
 - Arabic
 - Somali
 - Simplified Chinese
 - Traditional Chinese
 - Korean
 - Chuukese
 - Ukrainian
 - Farsi
 - Romanian
 - Dari
 - Khmer/Cambodian
 - Amharic

Members access to covered services, grievance, appeals, or hearings will not be denied or limited based on the need for alternative formats and/or auxiliary aids.

Non-Discrimination

Discrimination is against the law. YCCO 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
- Color
- Disability
- National origin, primary language, and proficiency of English language
- Race
- Religion
- Sex, sex characteristics, sexual orientation, gender identity, and sex stereotype
- Pregnancy and 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 or grievance.

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

- Phone: Call our Section 1557 Coordinator at (toll-free) 833-257-2192 (TTY/TDD711)
- Fax: 503-765-9675

- Mail: Yamhill Community Care
Attn: Grievance Specialist
P.O. Box 5490
Salem, OR 97304
- Email: complaints@yamhillcco.org If your email has personal information put “secure” in the subject line.
- Web: <https://yamhillcco.org/members/documents-and-forms/>

If you want to put your complaint in writing you can mail, email, or fax us a letter. You can also use the YCCO or OHP complaint form and send it to us. You can find both forms here <https://yamhillcco.org/members/documents-and-forms/>. You do not have to have a form; you can write a letter or email.

Need help filing a complaint? Need language help or reasonable modifications? Call Customer Service at 855-722-8205 for help or you can ask for the name and phone number of 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

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

Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

- Phone: (971) 673-0764
- Web: <https://www.oregon.gov/boli/civil-rights>
- Email: BOLI_help@boli.state.or.us
- 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: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- Phone: (800) 368-1019, (800) 537-7697 (TDD)
- Email: OCRComplaint@hhs.gov
- Mail: Office for Civil Rights
200 Independence Ave. SW, Room 509F, HHH Bldg.
Washington, DC 20201

To get more info, please call our Grievance Specialist.

- Phone: (toll-free) 833-257-2192 (TTY/TDD) 711

If you need help or have questions, please call Customer Service at 855-722-8205 or TTY 711.

For information on certified Health Care Interpreters call Customer Service at 855-722-8205 or TTY 711. If you need

an interpreter at your appointments, tell your provider's office that you need an interpreter and for which language.

Todos los miembros tienen derecho a conocer y utilizar nuestros programas y servicios. Los representantes de los miembros, los miembros de la familia y los cuidadores pueden usar la ayuda gratuita a continuación cuando usan la ayuda para comprender la salud y la atención del miembro. Damos este tipo de ayuda gratuita:

- Lenguaje de señas;
- Intérpretes;
- Materiales en otros idiomas; y
- Braille, letra grande, audio y cualquier otro formato que le funcione mejor.

Si necesita ayuda o tiene preguntas, llame a Atención al Cliente al 855-722-8205 or TTY 711. Si usted necesita un intérprete en sus citas, infórmele al consultorio de su proveedor que necesita uno y para qué idioma. Para obtener información sobre intérpretes de atención médica certificados, llame a Servicio al Cliente al 855-722-8205.

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 855-722-8205 or TTY 711. We accept relay calls.

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You can get help from a certified and qualified health care interpreter. letter

Spanish

Puede obtener esta carta 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 855-722-8205 o TTY 711 Aceptamos todas las llamadas de retransmisión.

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Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Russian

Вы можете получить это документ на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 855-722-8205 или ТТУ 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 855-722-8205 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

Arabic

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 855-722-8205 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

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يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

Somali

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso.

Waxaad sidoo kale codsan kartaa turjubaan.

Taageeradani waa lacag la'aan. Wac 855-722-8205 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

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Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

Simplified Chinese

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。

致电 855-722-8205 或 TTY 711。我们会接听所有的转接来电。

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您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

Traditional Chinese

您可獲得本信函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 855-722-8205 或聽障專線 711。我們接受所有傳譯電話。

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您可透過經認證的合格醫療保健口譯員取得協助。

Korean

이 서신은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 855-722-8205 또는 TTY 711 에 전화하십시오. 저희는 중계 전화를 받습니다.

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공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese

fokkun pwan kamo. Kokori 855-722-8205 ika TTY 711.
Kich mi etiwa ekkewe keken relay.

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En mi tongeni kopwe angei aninis seni emon mi certified
ika qualified ren chon chiaku ren health care.

Ukrainian

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. Дзвоніть по номеру телефону 855-722-8205 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять.

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Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Farsi

می‌توانید این نامه را به زبان‌های دیگر، درشت‌خط، بریل یا قالب ترجیحی دیگری دریافت کنید. می‌توانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان است. با 855-722-8205 یا TTY 711 تماس بگیرید. تماس‌های رله را می‌پذیریم.

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می‌توانید از یک مترجم شفاهی دارای گواهی و باکفایت در زمینه بهداشت و

Romanian

Puteți obține această broșură în alte limbi, cu font mărit, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la

855-722-8205 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

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Puteti obtine ajutor din partea unui interpret de îngrijire medicală certificat sau calificat.

Dari

شما می‌توانید این راهنما را به زبان‌های دیگر، با چاپ بزرگ، بریل یا فارمت دلخواه خود دریافت کنید. همچنین می‌توانید درخواست مترجم کنید. این کمک رایگان است. تماس بگیرید به 855-722-8205 یا TTY 711. ما تماس‌های رله را می‌پذیریم.

- شما می‌توانید از مترجم تائیده شده یا واجد شرایط صحتی کمک بگیرید.

Amharic

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይችላሉ። በተጨማሪም አስተርጓሚ መጠየቅም ይችላሉ። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 855-722-8205 ወይም TTY 711 ይደውሉ። የሪሌ ጥሪዎችን እንቀበላለን።

- ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይችላሉ።

Khmer/Cambodian

អ្នកអាចទទួលបានកូនសៀវភៅនេះជាភាសាផ្សេងទៀត ជាអក្សរធំៗ ជាអក្សរសំរាប់មនុស្សពិការភ្នែក ឬជាទម្រង់ផ្សេងទៀត ដែលអ្នកចង់បាន ។
អ្នកក៏អាចស្នើសុំអ្នកបកប្រែផងដែរ។
ជំនួយនេះគឺឥតគិតថ្លៃទេ។ ហៅ ទូរសព្ទទៅលេខ 855-722-8205 ឬ TTY 711 ។ យើងទទួលយកការហៅបញ្ជូនបន្តទាំងអស់។

អ្នកអាចទទួលបានអ្នកបកប្រែភាសាដែលមានសញ្ជាតិ
ឬមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។

Website Information

The NEMT Rider Guide is offered in paper form. Call Customer Service at 855-722-8205 to have it sent to you. We will get it to you within 5 workdays. You can also view it on our website here <https://yamhillcco.org/members/transportation/> . You can download or print it from the website.

Upon request and with your consent we can email you a free digital copy of the Rider Guide. Call Customer Service at 855-722-8205 or email us at info@yamhillcco.org to make a request. You may also request a free digital copy of the Rider Guide in the language or format that you need.



YCCO Contact Info

Yamhill Community Care

Administrative Office:

807 NE Third Street
McMinnville, OR 97128
855-722-8205 TTY/TDD 711
Fax: 503-376-7436

Administrative Office Hours:
Monday – Friday 8 am until 4:30 pm

Website: www.yamhillcco.org

Holiday Closures are for Admin Office only.
We are closed on New Year’s Day, Martin Luther King Jr Day, President’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving and Christmas.

Our offices are wheelchair accessible.

YCCO Customer Service:

855-722-8205 TTY: 711
Monday-Friday 8 a.m.- 5 p.m.
Fax: 503-376-7436

WellRide Customer Service:

844-256-5720 TTY: 711
Monday-Friday 7:30 a.m.- 6 p.m.

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What Is Non-Emergent Medical Transportation

Non-emergent medical transportation or NEMT is a service that gives free rides for YCCO members to covered healthcare visits or services, including health-related services. The name of the YCCO NEMT provider is WellRide.

Who Can Use NEMT

Any YCCO member. Rides can be set up by a member or a member representative.

How Much Does NEMT Cost

You should never be asked to pay or billed for NEMT. As long as you are traveling to or from covered medical appointments. You do not have to pay for services even if YCCO, WellRide, or the Transport Company does not pay the driver for the transport.

WellRide Contact Information

If you need help getting to your non-emergency medical, dental, or behavioral health visits, call YCCO WellRide.

YCCO WellRide

Toll-free: 844-256-5720

TTY/Oregon Relay Service: 711

Hours of operation: 7:30 a.m.-6 p.m., Monday-Friday

Covered NEMT services are given 24 hours a day, 365 days a year.

There is after hours Customer Service, call our toll-free telephone number if you need help. There is a message in English and Spanish, telling how to get help after hours. If you leave a message after hours and it is clear and has a good phone number, we will call the next workday. We will try many times to reach you until we do or, if not able to, a message will be left. Call Center staff record all efforts to return your call or respond to a message. If you are having an emergency, you should call 911.

WellRide's call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

There are qualified multilingual staff for callers and oral interpretation by a phone interpretation service at no cost to you. This includes help for hearing and speech impaired. Call WellRide Customer Service at 844-256-5720 or TTY 711.

Calling WellRide

The first time you call, we will tell you about NEMT and talk about your ride needs. Member, member parent or guardian, member representative (such as their Community Health Worker, foster parent, adoptive parent, or other provider assigned with this authority can set up a ride. Please have your YCCO ID number; this is the same as your OHP ID number.

Setting Up a Ride

When you call to set up a ride, we will ask for:

- Name of member and birth date
- Pick-up address
- Your phone number
- ID number
- Name of doctor or clinic
- Address of doctor or clinic

- Date of visit
- Time of visit
- Pick-up time after visit
- Any special needs? Do you use any mobility devices? For example, a wheelchair, walker, cane, crutches, etc?
- Will another person be traveling with the member?
- How you want us to contact you (phone call, email, or fax) and the time of day

Rides can be:

- Set up to 90 days in advance
- For more than one service or those that reoccur up to 90 days in advance
- Same-day visits

Rides for Children

When you call to set up a ride for a child 12 years of age and under, we also will need to know:

- The child's name
- ID number
- Birth date
- If your child needs a child seat
- The name of the adult who will be with your child, the adult can be the member's mom, dad, stepmom, stepdad, grandparent, or guardian

Our Responsibilities When You Set Up a Ride

When you call to set up a ride we will:

- Make sure the member is active on YCCO OHP, Compact Free Association (COFA) Dental Program, or the Veteran Dental Program. This includes Full Benefit Dual Eligible (FBDE) members.
- Make sure Full Benefit Dual Eligible or FBDE members are active with their Medicare Advantage, Dual Special Needs Plan, or with Medicare.
- Make sure the ride is to an OHP covered service or health-related service.
- Make sure the ride for FBDE is for an OHP or Medicare covered service within YCCO service area. If outside our area the covered service is not offered in our area and we must pay for the cost-sharing, including the ride service.
- For members enrolled in the Compact Free Association (COFA) Dental Program or the Veteran Dental Program, YCCO will cover NEMT services for their dental visits only.
- Confirm if a secure ride is needed. Find out more information about secure transport on page 20.
- Tell you the ride information during the call or as soon as the ride is set with a driver.
- Approve, set up, or deny ride request within 24 hours from when asked. This includes all parts of the trip. The 24-hour time frame will be less if needed to make sure the member gets to their visit on time.

- All rides will be set up prior to the date of the appointment. You will be notified no less than 2 days before your appointment if the ride has been denied.
- If the ride requested is less than two (2) days prior to the scheduled pick-up time, the CCO or its subcontracted NEMT brokerage shall provide the Member with the brokerage's phone number and may, but is not required, to also provide the Member with the name and telephone number of the NEMT driver or NEMT Provider
- Once the ride is set up we will tell you and confirm:
 - Name and phone number of the NEMT provider,
 - Set date and time,
 - Address of your pickup, and
 - Name and address of the provider visit

We give rides outside of the area for covered OHP services.

Full Benefit Dual Eligible (FBDE) Members

NEMT is available for FBDE members who need rides within YCCO service area for OHP or Medicare covered service within YCCO service area. If outside our area the covered service is not offered in our area and we must pay for the cost-sharing, including the ride service.

Rides Not Approved

If your ride is not approved you will be told within 24 hours of your request. This time may be shorter to make sure you arrive in time for your visit. When we do not approve a ride a letter will be mailed to you. This letter is called a notice of adverse benefit determination or NOABD. You can learn more about rides that are not approved and your appeal and hearing by calling Customer Service or look in the Grievance System section of this guide on page 23.

Decisions of Ride Mode and Proper Level of Service

YCCO will make all decisions about the mode of ride and the proper level of service. The mode of the ride is the way in which you are driven from one place to another. Some types of modes are a wheelchair van or sedan. WellRide schedules and assigns trip to the right NEMT provider.

The list below will be reviewed about each rider to decide the mode of ride:

- Your ability to walk and if you use a walker, cane, wheelchair, crutches.
- Ability to move or be moved. Such as being able to transfer from a wheelchair or a stretcher with assistance or by themselves.
- Ability to carry out activities of daily living.
- Need for help and, if they have an attendant, they meet the attendant rules.
- Special conditions or needs including physical or behavioral health disabilities.
- Level of service to fit needs (curb-to-curb, door-to-door, or hand-to-hand)

Attendant Information

An attendant is the person to ride with the member the NEMT ride is for. Not everyone can have a person ride with them. Some members must have an adult attendant if they are children 12 years old and under or a member of any age with physical or behavioral needs. Attendants do not have to pay to ride with you. The rules for attendants are:

- Parents or guardians must provide an attendant to ride with those above while going to and from covered services and other purposes approved by YCCO except when:
 - The driver is a Department of Human Services (DHS) volunteer or employee or an Authority employee;
 - The member needs secured transport; or
 - An ambulance provider takes the member for NEMT services, and YCCO pays for the ambulance provider.
- NEMT ambulance transports shall have an attendant when we use an ambulance to give wheelchair or stretcher care or van rides.
- An Attendant can be: A member's mother, father, stepmother, stepfather, grandparent, or guardian.
- Any adult 18 years old or older authorized by the member's parent or guardian.
- Attendants must ride with the member from the pick-up location to the visit and the return trip.
- Member's parent or guardian, or adult caregiver shall have and install safety seats. Drivers can't transport a member if a parent or guardian does not have a safety seat that meets the state law. These members must have a child safety seat:
 - Those under 4'9" tall and weigh less than 40 pounds.
 - Those under two years of age must also be properly secured in a rear-facing child safety system.
 - Those weighing more than 40 pounds and are 4'9" or shorter, with the exception if the child is properly secured with a safety system that meets the safety belt, harness, and child safety rules for child safety systems made for children weighing more than 40 pounds.

WellRide decides if a member needs help and if the attendant meets the rules.

Changes and Safety

There are times when a ride may need to be changed:

- Rider has a health issue that can be a direct threat to the driver or others in the car.
- Rider makes threats of harm to the driver or others in the car.
- Rider takes part in behavior or creates a state that puts the driver or others in the car at risk of harm.
- Rider cancels frequently or does not show up for their rides on the date the rides are set for.
- Rider engages in behavior that, in YCCO judgement, causes local medical providers or facilities to refuse to supply further services without changing services in order to make sure provider will provide the covered services to a member.

If we have to change your ride because of one of the above, we will send you a written notice. YCCO will have a conversation with you prior to sending a letter as outlined in OAR

410-141-3955 (8). Members shall be advised at the time of request for NEMT services of the need for accommodation which shall be followed by written confirmation to the member, the member's care coordinator, and any requesting provider. Before modifying services, the NEMT provider, a CCO representative.

Reasonable changes include, but are not limited to, and require members to:

- Use a specific transport provider;
- Travel with an attendant;
- Use public transport where available;
- Drive or find someone to drive the member and receive mileage reimbursement; or
- Confirm the ride with NEMT provider on the day of or the day before the scheduled ride.

Secured Transports

Secured transport is an NEMT service for the involuntary transport of members who are in danger of harming themselves or others. Secure transports may be used when:

- We have made sure the secured transporter has met all state and federal rules and are able to transport the member who is in crisis or at immediate risk of harming themselves or others due to mental or emotional problems or substance abuse; and
- The transport is to a Medicaid facility that is recognized as being able to treat the urgent medical or behavioral health care need of the member in crisis;
- One added attendant may go with the member, at no charge, when medically proper such as to give medicine in-route or to fill legal rules that include but aren't limited to, when a parent or legal guardian or escort is required during the transport.

Bad Weather and Back Up Plans

We will give rides for members who need critical medical care during bad weather. Bad weather can include extreme heat or cold, flood, tornado warnings, heavy snow, or icy roads. Critical medical care examples are chemotherapy and renal dialysis. We will call you when there is bad weather and work with you and your provider on the best choice for you.

There are back-up plans for unexpected peak transport demands and when a ride is really late (no more than 15 minutes) or is not able to make the set ride service. Riders will be called and told the new ride information as soon as we can. When the ride is set, we will tell you about the changes. If they cannot get a new driver, then we will tell you and work with you and your provider on the best choice for you.

Member Pick Up and Drop Off

- Drivers will tell you when they arrive for ride pick up and will wait at least 15 minutes after the pick-up time.
- If the rider does not appear or is not ready for pick up after 15 minutes, the driver will tell us before they leave.

- Drivers give a level of service to fit needs (curb-to-curb, door-to-door, or hand-to-hand).
- Drivers will not drop off at their visit more than 15 minutes prior to the office opening unless rider, rider representative, guardian, or parent ask.
- Riders will be dropped off for their visit no less than 15 minutes prior to visit time to prevent the drop off time from being considered a late drop off.
- Riders will not arrive at their visit more than 1 hour before the visit time.
- The wait time will not exceed 15 minutes past the set pick up time.
- Set pick-up times will allow the right amount of travel time to make sure the member has time to check in for their visit.
- Drivers will not pick up from visit more than 15 minutes after the office closes, unless rider, rider representative, guardian, or parent ask for pre-set rides.
- For return trip rides that are not pre-set, we will make sure that the rider is picked up within one hour after they are told.
- If a ride change is needed with no warning, WellRide will find ways to set up the trip with another driver if needed.
- Drivers will not change assigned pick-up time without prior documented WellRide approval.
- If the driver arrives before the set pick up time, the rider does not have to get into the car until the set pick up time.

Member Rights and Responsibilities

NEMT riders and their attendants have rights and responsibilities by using ride services.

You have the right to:

- Right to safe and reliable transportation services that are appropriate for your needs.
- Interpretation services at no cost when talking to Customer Service.
- NEMT information in the language or format that fits your needs.
- Get a written notice when a ride is denied.
- Members have the right to file a complaint about your NEMT service, submit an appeal, ask for a hearing, or ask for both if you feel you have been denied a service unfairly.
- You will be told your ride details right after you have scheduled your ride. If this can't occur, you will receive a follow up notification. This notice will be done by your contact of choice, phone call, email, text or fax. To confirm and let you know the following information:
 - Name and phone number of the driver.
 - Your requested drop off time and pick up time, and
 - Name, and address of the medical provider that you have your appointment with.
- Members will be told about their ride at the time they call to set it up or we will contact them with the information.
- You or a trusted support person, can schedule your ride for you. Your support person, may be a:

- Community Health Worker
- Parent
- Foster parent
- Adoptive parent
- Legal guardian
- Spouse or
- other person that you have given your written approval to schedule for you.
- You or your support person may set up same day transportation.
- You will be set up with a driver that best fits your needs. You will not always or be required to have the same driver for all of your trips.
- You will be told if all of your ride or parts of your ride have been approved or denied. You will be told at least 24 hours before your ride was scheduled for. The time to let you know, may be shorter if the ride was scheduled for under 24 hours from your pickup time.
- Rides are monitored by staff. This helps show them and fix if a driver has gone to a wrong address or has other pickup and drop off issues.
- NEMT staff can and will help with any ride changes that might happen, like:
 - Adding a pharmacy stop
 - Adding details of how the driver can find you at your pickup location
 - Changing the driver or company to a new one, to help make sure that you are picked up on time.
- Drivers cannot change the times of your trip or to a new address on their own. Drivers must get recorded approval from WellRide to change anything. If you need to change either the time or address of where you need to be picked up from or be dropped off at, please call WellRide as soon as you can.

You are responsible for:

- Treat drivers and other riders with respect.
- Calling as early as you can to set up, change, or cancel rides.
- Use of seat belts, car seats or other safety devices required by Oregon law.
- If you need to go a pharmacy or for another covered service, after your appointment, you must call the WellRide for approval. You must call before your driver picks you up. WellRide staff will let you know if the driver has time to make an extra stop or not. They will also let you know if that other stop is approved or not. Drivers are only allowed to make additional stops that have been scheduled and approved by WellRide.”

Reimbursed (Repaid) Mileage, Meals, and Lodging

Reimbursement is asking for repayment for mileage, meals, or lodging that you have paid for.

Prior approval or provider proof of visit for repayment may be needed for a request for mileage, meals, and lodging to covered health services to qualify for repayment. 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.

To ask for details on repayment, call WellRide Member Services at 844-256-5720. The call taker can send you a copy of the repayment form. They also can tell you:

- How to fill out the form fully.
- When receipts are needed to be sent in with the form.
- Where to send your form and receipts to.

Please know that a completed form with any receipts, if needed, must be sent into WellRide before any payment can be made.

Repayment requests must be received by WellRide no more than 45 days after your trip date. Request forms received after 45 days of your trip will be denied. If a trip is denied, a letter called the, A Notice of Adverse Benefit Determination (NOABD) will be mailed to you. This letter will:

- Tell you what your rights are.
- How to appeal a denial or
- How to request a hearing.

If a repayment request is denied YCCO will tell you no more than 10 days after that decision being made.

If your repayment form is sent in complete, YCCO will pay you 14 days after YCCO has gotten your form and receipts. If the form is missing any information, YCCO can help you. YCCO can take 14 more days to help you complete the form.

Meal Repayment

Meals are only repaid when the whole trip time takes you 4 or more hours to complete. As well as travel time is within one or more of the time frames listed below.

- Breakfast:
 - The trip would need to start before 6 a.m. to get to your appointment before it starts.
- Lunch:
 - The whole trip must before 11:30 a.m. and end after 1:30 p.m.

or

- Dinner:
 - You would need to travel after 6:30 p.m. because of when your appointment ends.

Lodging Repayment

Lodging is repaid only when:

- You would have to start travel before 5 a.m. to be able to make it to your appointment on time.
- Your appointment ends after 9 p.m.
- Your healthcare provider notes a medical need for lodging, and you have sent a copy of that note to WellRide.
- For other reasons at YCCO’s discretion.

One other person can travel with you to help you with your medical needs. You may be repaid for meals and lodging for your attendant if:

- The member is under 18 years old and cannot be alone.
- A doctor has signed a written note telling why someone else must travel with the member.
- The member cannot go to the appointment without someone else because of physical or mental reasons.
- The member would need help from someone else after their appointment is done.
- For other reasons at YCCO’s discretion.

At YCCO’s discretion, you may be repaid for meals or lodging for more than one person.

Mileage Repayment

If someone else drives you to the appointment, we may be able to repay the person who drove. For members who are minors, repayment can be made to their legal, adoptive or foster parent or guardian. Call customer service for more information.

If you drive yourself, mileage may be repaid when you drive to and from covered services. You must ask to be paid before your appointment happens. You must also use the form we send to you. WellRide may ask for more information or call your doctor’s office to confirm you had and went to your appointment. If WellRide cannot confirm that you went to your appointment, WellRide may deny your request for repayment. We will send you an NOABD telling you why the trip was denied.

Overpayments

If WellRide or YCCO finds out that:

- You were paid funds to get to your appointment, and you did not use the money for travel to that appointment.
- Or you did not go to the appointment.
- Or you shared a ride with another member who also was repaid by YCCO to go to the same places.
- You sold or gave your public transportation passes/tickets to someone else.
- Mileage, lodging or meals was paid by someone else and you also asked for repayment from YCCO.

WellRide or YCCO may ask for you to pay back money we paid you.

Repayment Fee Schedule

YCCO will repay members for mileage, meals, and lodging at rates not less than OHA’s allowable rates.

Private Car Mileage	\$.49 per mile
Member Meals	\$34.00 per day

Breakfast (Travel must begin before 6 a.m.)	\$9.00
Lunch (Travel must span the entire time from 11:30 a.m. through 1:30 p.m.)	\$10.00
Dinner (Travel must end after 6:30 p.m.)	\$15.00
Attendant Meals	\$34.00 per day
Attendant Meals	Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00
Member Lodging	\$110.00 per night
Attendant Lodging (If staying in separate room)	\$110.00 per night

YCCO may hold repayments that are less than the amount of \$10. Once your repayment requests are at \$10 or more, payment will be sent to you.

Grievance System (Complaints, Grievances, Appeals & Fair Hearings)

We make sure all members have access to a grievance system. We try to make it easy for members to file a complaint or appeal and get information on how to file a hearing with the Oregon Health Authority.

Let us know if you need help or more information with any part of the Grievance System process. If you need help or would like more information than what is in this guide, or the member handbook, call Customer Services at 844-256-5720 or TTY 711.

YCCO, its contractors, and participating providers cannot:

- Stop a member from using any part of the grievance system or take punitive action against a provider who asks for a fast 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 grievance, appeal, or hearing as a reason to react against a member or to request member disenrollment.
- Stop members from filing a complaint that they have made before or from filing the same complaint if it was not resolved to the member’s liking directly with YCCO and not WellRide.

Your doctor can help you make a complaint or ask for an appeal. You must sign a written form giving your approval to have your doctor help you. YCCO or WellRide will not retaliate against a member or medical provider for filing a complaint or an appeal.

If you want more information about the Grievance System, such as policies or member notice templates, call Customer Service. If you email your request, to keep your personal information secure, make sure you type “secure” in the subject of your email.

The complaint process records, responds, addresses or else resolves complaints just the same if the complaint is about services given by YCCO or one of our contractors.

Grievance System Info

Our website has info about and documents to use related to the Grievance System.

- General Info <https://yamhillcco.org/members/benefits-and-rights/>
- Policy <https://yamhillcco.org/members/documents-and-forms/>
- Complaint forms <https://yamhillcco.org/members/documents-and-forms/>
- Appeal forms <https://yamhillcco.org/members/documents-and-forms/>
- Hearing form <https://yamhillcco.org/members/documents-and-forms/>

We can also send a form to you, to ask for a form call Customer Service and ask for one to be mailed to you.

Complaints

You can file complaints for any YCCO Oregon Health Plan benefits, including non-emergent medical transportation. You can file complaints related to NEMT, without limits, all reasons you are dissatisfied including your NEMT user rights. You can complain about YCCO, WellRide, benefits, or drivers. You can file a complaint about any matter other than a notice of denial and at any time orally or in writing.

Some reasons you may file a complaint are:

Access to getting a ride:

- Problems getting a ride.
- Problems setting up a ride.

Discrimination:

- Not feeling respected or understood by drivers, WellRide or YCCO

Appropriateness of your service:

- The service you had was not the type to fit your needs.

Quality of Service:

- You did not like the service you had.
- You got a bill for your ride.
- You were treated rudely.

Quality of Care:

- Driver or car safety

If you need to file a complaint you can do so on your own, or with help. You can have a representative of your choice, such as your provider, file the complaint, grievance, or appeal. To do this, you must give written consent.

YCCO, WellRide, or drivers may not stop or try to stop you from making a complaint about a problem you made a complaint about before to WellRide and you did not agree with the decision to the YCCO Grievance Specialist or from making a complaint to both YCCO and WellRide. If you want to put your complaint in writing you can mail, email, or fax us a letter. You can also use the YCCO or OHP complaint forms they are on our website you can get them here <https://yamhillcco.org/members/documents-and-forms/>.

- Mail: YCCO Grievance Specialist
PO Box 5490
Salem, OR 97304
- Email: complaints@yamhillcco.org

You may have personal information in your email. Put “secure” in the subject line, so your information is protected.

- Website: yamhillcco.org
- Fax: 503-765-9675
- Phone: 833-257-2192 or TTY 711

We can also send a form to you, to ask for a form call Customer Service and ask for one to be mailed to you.

How to make a Complaint

We and our providers want you to get the best care possible. If you are unhappy with YCCO, WellRide, your health care services, your provider or driver, you can file a complaint. We will try to make things better. Just call Customer Service at 844-256-5720 (TTY 711).

If you want to put your complaint in writing you can mail, email, or fax us a letter. You can also use the YCCO or OHP complaint forms they are on our website you can get them here <https://yamhillcco.org/members/documents-and-forms/>.

Mail: Yamhill WellRide

Attn: Grievance Coordinator
16253 SE 130th Ave
Clackamas, OR 97015

- Email: complaints@yamhillcco.org

You may have personal information in your email. Put “secure” in the subject line, so your information is protected.

- Website: yamhillcco.org
- Fax: 503-857-0767 or 503-765-9675
- Phone: 844-256-5720 or TTY 711

We can also send a form to you. To ask for a form call Customer Service and ask for one to be mailed to you.

Complaint Time Frames

You can file a complaint at any time.

We will investigate your complaint and let you know what can be done as quickly as your health requires. This will be done within 5 workdays from the day we got your complaint.

If we need more time, we will send you a letter within 5 workdays. We will tell you why we need more time. We will only ask for more time if it is 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 receive the complaint telling how we will address it.

If you are unhappy with how we handled your complaint, you can share that with OHP Client Services Unit at 800-273-0557 or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you.

Please email OHA.OmbudsOffice@odhsoha.oregon.gov or leave a message at 877-642-0450.

Getting Help to File a Complaint

If you need help to file a complaint you can call Customer Service, a peer wellness specialist, or personal health navigator. Customer Service can also help you find a peer wellness specialist or personal health navigator to help you. You can call Customer Service at 855-722-8205.

Notice of Adverse Benefit Determination (NOABD)

If we deny, stop, or reduce a medical, dental, behavioral health, or transportation 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).

When your ride request is denied, before we mail you an NOABD, another employee does a second review to make sure it is right.

Your NOABD will be mailed within 72 hours of the denial to the:

- Member who was denied a ride, and
- The provider or other third-party with whom the member had a visit set, when the provider is part of the YCCO network, and they requested the ride on the member's behalf.

If you are told your request is denied over the phone but do not get an NOABD after the 72 hours, you can call Customer Service and ask for one to be sent to you again.

When a provider tells you that you need to pay for a service that is not covered, you can ask for a copy of your NOABD that shows the service is not covered. Once you get your NOABD you can ask for an appeal.

Appeals

Once you receive your NOABD you, your representative, or your provider, with your written consent have the right to ask us to change the denial through an appeal and a fair hearing. You must file your appeal within 60 days from the date on the NOABD.

If your appeal decision does not change the denial, you can then ask for a state fair hearing. You must ask for a hearing within 120 days from the date on the Notice of Appeal Resolution (NOAR) letter.

You must first ask for an appeal and received notice that the first denial is upheld before you can ask for a hearing. You can also ask for a hearing if you file an appeal, and we go past the required appeal timeframes.

Provider Appeals

If your provider sends in an appeal for a denied service or approval without your consent, YCCO will do a provider appeal; providers can call Customer Service for more information. If a provider appeals without your consent, it does not use your appeal right.

Reasons you may file an appeal:

- Your request to be paid for mileage for non-emergent medical appointments was denied.
- You were denied a request for NEMT.
- You were denied a service in full or in part.

How to appeal a decision

You have the right to support your appeal, give information and testimony in person or in writing, and make legal and factual arguments in person or in writing within the appeal filing timelines.

To file an appeal, you can call Customer Service and ask to file one over the phone. You can also fill out the Request to Review a Health Care Decision form (OHP 3302) that was sent to you with your NOABD and mail or email it to us. A copy of the form is on our website here <https://yamhillcco.org/members/documents-and-forms/> you can download it and fill it out and email or mail it to us.

- Mail: Yamhill WellRide
Attn: Appeals
16253 SE 130th Ave
Clackamas, OR 97015
- Email: appeals@yamhillcco.org
You may have personal information in your email. Put “secure” in the subject line, so your information is protected.
- Website: yamhillcco.org
- Fax: 503-857-0767 or 503-765-9675
- Phone: 844-256-5720

Getting Help to File an Appeal

If you need help filing your appeal, you can ask your authorized representative or your provider. Your provider can file an appeal on your behalf with your written consent. Customer Service can also help you find a certified community health worker, peer wellness specialist, or personal health navigator to help you. You can call Customer Service at 855-722-8205.

Appeal Time Frames

You must file your appeal within 60 days from the date on the NOABD.

You will get a Notice of Appeal Resolution (NOAR) from us in 16 days letting you know if the reviewer agrees or disagrees with the NOABD decision.

If we need more time, we will send you a letter. We will have up to 14 more days to reply.

Notice of Appeal Resolution (NOAR)

The NOAR is the letter you will get from us to tell you the results of your appeal. It will tell you if we agree or disagree with the NOABD decision. A form to file a hearing will be sent with your NOAR to give you the option to file a hearing if you do not agree with the appeal decision or if YCCO does not resolve your appeal in the required timeframes.

Fast Appeals

You can ask for a fast appeal. Call us or fax the OHP 3302 form. Ask for a fast appeal if waiting for the regular appeal could put your life, health, or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal.

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 timeframe for up to 14 days.

If a fast appeal is denied or more time is needed, we will call you and you will receive notice within 2 days. A denied fast appeal request will become a standard appeal.

Parties to the Appeal Process

Those that own or request the appeal are the parties. They can be the member and their representative or the legal representative of a deceased member's estate.

Dual-eligible Members and Appeal Rights

If you are enrolled in both YCCO OHP and Medicare, you may have more appeal rights than those listed. You can also call Medicare to find out more on your appeal rights with them.

Fair Hearings

After an appeal, you, your authorized representative, or your provider with your written consent can ask for a fair hearing with an Oregon Administrative Law Judge, you can do this orally or in writing.

Reasons you may file a hearing:

- Your appeal request was not approved.
- YCCO does not resolve your appeal in the required timeframe.

You will have 120 days from the date on your appeal NOAR to ask the state for a hearing.

Your NOAR letter will have a form that you can send in to ask for a hearing.

At the hearing, you can tell the judge why you do not agree with our decision and why the services should be covered. You have the right to have an attorney or representative present at the hearing. You do not have to have an attorney to file a hearing.

There is free legal help through:
Legal Aid Service and Oregon Law Center Public Benefits Hotline
800-520-5292 or TTY 711

A hearing takes more than 30 days to prepare. While you wait for your hearing, you can keep on getting a service that already started before our original NOABD decision to stop it.

You must ask the state to continue the service within 10 days of the date of our NOAR that confirmed our denial.

Once your hearing takes place and is resolved you will receive a letter (called a “Final Order”) telling you the results of your hearing.

Fast Hearings for Urgent Healthcare Problems

The hearings process takes time. If you need a fast hearing because waiting for a standard hearing could seriously harm you, be sure to note that on the Request to Review a Healthcare Decision form. The Oregon Health Authority’s Medical Hearings Unit will review your request for a fast hearing. If the request is denied, you will get a letter within two days to let you know.

Fax your hearing request form to:
OHP Hearings Unit at 503-945-6035
Include a statement on the form from your provider telling why it is urgent.

OHA will decide if you are entitled to a fast hearing within, as nearly as possible, two workdays from the date they receive your fast request documents. If the OHA Hearings Unit denies a fast-hearing request, they will make reasonable efforts to give you prompt oral notice and mail a written notice within two days.

Representation at the Hearing

You have the right to have another person of your choice to stand for you at the hearing, like a friend, family member, lawyer, or your medical provider. You also have the right to stand for yourself if you choose. 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. Information on free legal aid can also be found at oregonlawhelp.org.

How to Ask for a Hearing

To request a hearing, send the Request for Review of a Healthcare Decision form (OHP 3302) to:
OHA Medical Hearings

500 Summer Street NE E49
Salem, OR 97301
Fax: 503-945-6035

Continuing Benefits or Services During Appeal and/or Hearing

If you have been getting the benefit or service we denied and we stopped providing it, you can ask us to continue it during the appeal or hearing process.

You need to:

- Ask for this within 10 days of the date on the notice or by the date this decision is effective, whichever is later.
- Use the Request to Review a Health Care Decision form. This form was sent with the NOABD. You can also get it online here <https://yamhillcco.org/members/documents-and-forms/> or here <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.

Paying for Continued Benefits or Services

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 the 72 hours from the day we get notice that our decision was reversed.**Rider**

Safety and Comfort

The driver will obey local, state, and federal transport safety and comfort standards. Rides are given in cars or vans that meet local licensing and permit rules as well as those below. Rides are given by drivers that meet all rules and have gone through all required pre-hire activities. More information about this is below.

The car will have all these safety devices:

- Safety belts for all riders if the car is legally required to have them,
- First aid kit,
- Fire extinguisher,
- Roadside glow in the dark markers or warning devices,
- Flashlight,
- Tire traction devices when needed,
- Gloves for the use of only one time
- .Wheelchair accessibility. All Equipment to securely transport members using wheelchairs, or stretchers in accordance American with Disabilities Act of 1990 (as amended) (ADA), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Stature 659.A103.

Car and Driver Rules

Car rules:

- Car is clean and free of trash.
- No smoking is allowed in cars.
- No aerosolizing or vaporizing of inhalants is allowed in cars.
- Safety equipment in the Rider Safety and Comfort area above.
- Safety equipment to securely drive riders using a wheelchair or stretcher.
- Upkeep to car done as suggested by car maker.
- The car's seat belts, horn, heating, air conditioning, ventilation, turn signals, headlights, taillights, windshield wipers all work. The car must have side and review mirrors.

Driver rules:

- They must pass a criminal background check.
- Driver's state driver's license with required endorsements is verified.
- Driver must be screened for exclusion from taking part in federal programs.
- They know about NEMT services, the area they are giving rides in, accident, fraud, and abuse reports, and how the car works.
- Driver must have done the National Safety Council Defensive Driving course or a course that is of equal information within 3 months of hire and every 3 years.
- Must be certified in Red Cross approved first aid, cardiopulmonary resuscitation, and a blood spill procedures course or one that is of equal information before driving any members.
- Driver must have done a rider service and safety course or one that is of equal information within 3 months of hire and every 3 years.
- They know all procedures for responding to members needs for emergency care if needed during a ride.
- Driver will obey all state driving and transport laws.

Drivers must tell WellRide about any violation of a state drug law or any change in their driving history, this includes any traffic tickets.

More Information

If you want to learn more about WellRide, visit our website at:

<https://yamhillcco.org/members/transportation/>