

Yamhill Community Care Member Handbook 2024



Updated January 1, 2024

Handbook Updates

Yamhill Community Care (YCCO) mails a member handbook to newly enrolled or reenrolled members when Oregon Health Authority (OHA) notifies us that you are enrolled in Oregon Health Plan (OHP), as is required by federal law. Here is where you can find the most up to date handbook <https://yamhillcco.org/members/member-handbook/>. If you need help or have questions, call Customer Service at 855-722-8205 (TTY 711).

Getting Started:

You will be receiving a survey in the mail that will help YCCO know how to support you with your physical, behavioral, and oral health care needs. Here is a link of what the survey looks like <https://yamhillcco.org/members/documents-and-forms/>. To learn more about this survey go to page 29.

Complete and return your survey in any of these ways:

- Phone: 833-257-2191
- Fax: 503-607-8336
- Mail: YCCO
PO Box 5490
Salem, OR 97304
- Email: caremanagement@yamhillcco.org
- Web: <https://www.yamhillcco.org>

Helpful Tips:

Some questions have been answered here <https://yamhillcco.org/members/faq>.

Some YCCO members can get extra benefits like rides to the grocery store or educational materials, call YCCO 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 33
 - Primary Care Providers. Go to page 25
 - Prior Approvals and Referrals. Go to page 34
 - Rights and Responsibilities. Go to page 21
 - Rides to Care. Go to page 64
 - Care Coordination. Go to page 31
 - Prescriptions. Go to page 69
 - Emergency Care. Go to page 74
 - How long it takes to get care. Go to page 55
 - Grievances, Complaints and Appeals. Go to page 94
- Always carry your OHP and YCCO member ID cards with you.
 - Note: These will come separately, and you will receive your OHP ID card before your YCCO member ID card.

You can find your YCCO ID Card in the welcome packet. Your ID card has the following information:

- Your Name
 - Your ID number
 - Your Plan Information
 - Your Primary Care Provider Name and Information
 - Customer Service Phone Number
 - Call Customer Service for Language Access
-
- My Primary Care Provider is _____
 - Their number is _____
 - My Primary Care Dentist is _____
 - Their number is _____
 - Other Providers I have are _____
 - Their number is _____
 - My nonemergent medical transportation (free ride to care) is WellRide
 - Their number is 844-256-5720

Free help in other languages and formats.

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

We give these kinds of free help:

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

You can find this member handbook on our website at:

<https://yamhillcco.org>. If you need help or have questions, call Customer Service at 855-722-8205.

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. You will get materials within 5 days of your request. This help is free. Every format has the same information. 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.

You can ask for materials electronically. Fill out the secure contact form on our website at <https://yamhillcco.org/contact-us/>. Please let us know which documents you would like emailed to you. You can also call Customer Service at 855-722-8205.

You can have an interpreter.

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

Tell your provider's office if you need an interpreter at your visit. Tell them what language or format you need. Learn more about certified Health Care Interpreters at Oregon.gov/OHA/OEI.

If you need, please call us at 855-722-8205 or call OHP Client Services at 800-273-0557 (TTY 711). See page 94 for “Complaint, appeal and hearing rights.”

If you do not get the interpreter help you need, call the state’s Language Access Services Program coordinator at 844-882-7889, TTY 711 or email: LanguageAccess.Info@odhsoha.oregon.gov.

English

You can get this handbook 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.

Spanish

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 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 TTY 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 وثيقة 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.

-

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**信息**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。

-

您可透過經認證的合格醫療保健口譯員取得協助。

Korean

이문서은 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.

Hmong

Koj txais tau ntaub ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu 855-722-8205 los sis TTY 711. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

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Koj yuav tau kev pab los ntawm ib tug kws txawj txhais lus rau tib neeg mob.

Marshallese

Kwomaroñ bōk peba in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo emmanlōk ippam. Kwomaroñ kajjitōk bwe juon ri ukōt en jipañ eok. Ejjełok wōṇāān jipañ in. Kaaltok 855-722-8205 ak TTY 711. Kwomaroñ kaaltok in relay.

-

Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim im keiie āinwōt ri ukōt in ājmour.

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.

-

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

Tagalog

Makukuha mo ang papel na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 855-722-8205 o TTY 711. Tumatanggap kami ng mga relay na tawag.

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Makakakuha ka ng tulong mula sa isang sertipikado at kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.

German

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis. Wenden Sie sich an 855-722-8205 oder per Schreibtelefon an 711. Wir nehmen Relaisanrufe an.

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Sie können die Hilfe eines zertifizierten und qualifizierten Dolmetschers für das Gesundheitswesen in Anspruch nehmen.

Portuguese

Esta documento está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 855-722-8205 ou use o serviço TTY 711. Aceitamos encaminhamentos de chamadas.

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Você poderá obter a ajuda de intérpretes credenciados e qualificados na área de saúde.

Japanese

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サ

ービスは無料でご利用いただけます。855-722-8205 または TTY 711 までお電話ください。電話リレーサービスでも構いません。

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認定または有資格の医療通訳者から支援を受けられます。

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.

-

Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

Our nondiscrimination policy

YCCO 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
- Gender identity
- Marital status
- National origin
- Race
- Religion
- Color
- Sex
- Sexual orientation
- Health status and 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 Grievance Specialist at 833-257-2192 (TTY 711)
- Fax: 503-765-9675
- Mail:

YCCO
807 Third Street
McMinnville, OR 97128

- Email: complaints@yamhillcco.org
- Web: <https://yamhillcco.org/members/documents-and-forms/>

Need help filing a complaint? 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 complaint with any of these organizations:

Oregon Health Authority (OHA) Civil Rights

- Phone: 844-882-7889, TTY 711
- Web: www.oregon.gov/OHA/OEI
- 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/Pages/default.aspx>
- Email: BOLI_help@boli.oregon.gov
- 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, TDD: 800-537-7697
- Email: OCRComplaint@hhs.gov
- Mail: Office for Civil Rights
200 Independence Ave. SW, Room 509F, HHH Bldg.
Washington, DC 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.

<https://yamhillcco.org/privacy-policy/>. You can ask us for a list of who we have shared your records with.

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 Practices that explains how we use our members' personal information. We will send it to you if you ask. Just call Customer Service and ask for our Notice of Privacy Practices. You can also see it at <https://yamhillcco.org/privacy-policy/>.

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?

- Ask to send your record to another provider.
- 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 dental care provider
 - Records from YCCO

There may be times when the law restricts your access. You may be charged a reasonable amount for a copy of the requested records.

Some records cannot be shared.

A provider cannot share records when, in their professional judgement, sharing the records could cause a "clear and immediate" danger to you, others, or to society. A provider also cannot share records prepared for a court case.

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Welcome to YCCO!

We are glad you are part of YCCO. YCCO is happy to help with your health. We want to give you the best care we can. We work with other organizations to help manage certain parts of your benefit, for example dental and transportation. For a full list of the organizations and descriptions of the services they offer see page 20.

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.

Our Vision:

“A unified healthy community that celebrates physical, mental, emotional, spiritual, and social well-being.”

Our Mission:

“Working together to improve the quality of life and health of Yamhill Community Care members by coordinating effective care.”

How OHP and YCCO work together

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

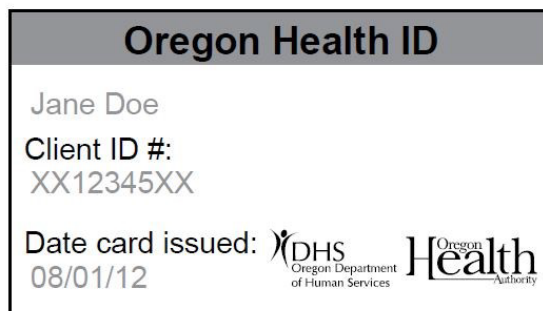
OHP has local health plans that help you use your benefits. The plans are called coordinated care organizations or CCOs. YCCO is a CCO. YCCO serves Yamhill and parts of Polk and Washington counties.

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, call Customer Service at 855-722-8205.

All CCOs offer the same OHP benefits. Some offer extra services like new baby items and gym memberships. Learn more about YCCO benefits on page 33.

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 a YCCO member and lists other information like important phone numbers. Your primary care provider (PCP) will also be listed on your ID card.

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

Your coverage letter and YCCO ID card will tell you what CCO you are enrolled in. They will also tell you what level of care your plan covers:

- CCOA: Medical, dental, and behavioral health
- CCOB: Medical and behavioral health
- CCOE: Behavioral health only
- CCOG: Dental and behavioral health
- CCOF: Dental only

Contact us

The YCCO office is open Monday through Friday, from 8:00 a.m. to 5:00 p.m..

We're closed on New Year's Day (01/01/24), Martin Luther King Jr Day (01/15/24), President's Day (02/19/24), Memorial Day (05/27/24), Independence Day (07/04/24), Labor Day (09/02/24), Thanksgiving (11/28/24), Friday after Thanksgiving (11/29/24) and Christmas (12/25/24).

Our office location is:

YCCO

807 NE Third Street

McMinnville, OR 97128

Call toll free: 855-722-8205, TTY 711, for language access call 855-722-8205.

Fax: 503-857-0767

Online: <https://www.yamhillcco.org>

Mailing address:

YCCO

807 NE Third Street

McMinnville, OR 97128

Important phone numbers

- Medical benefits and care
Call Customer Service: 855-722-8205. TTY users, please call 711.
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.
Learn about medical benefits and care on page 37.
- Pharmacy benefits
Pharmacy Customer Service: 877-216-3644. TTY users, call 711.
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.
Learn about pharmacy benefits on page 69.
- Behavioral health, drug, alcohol dependency, or substance use disorder treatment benefits and care
Customer Service: 855-722-8205. TTY users, please call 711.
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.
Learn about behavioral health benefits on page 45.
- Dental benefits and care
Capitol Dental Care Customer Service at 800-525-6800. TTY users, please call 711.
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.
Learn about dental benefits on page 47.
- Free rides to physical care, dental care, or behavioral health care
You can get a free ride to physical care, dental care, and behavioral health visits. Call 844-256-5720 to set up a ride. TTY users, please call 711.
Hours: Monday through Friday, 7:30 a.m. to 6:00 p.m. WellRide's call center is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.
Learn more about rides to care on page 64.

Contact the Oregon Health Plan

OHP Customer Service can help:

- 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: www.OHP.Oregon.gov

- Email: Use the secure email site at <https://secureemail.dhsoha.state.or.us/encrypt> to send your email to Oregon.Benefits@odhsoha.oregon.gov.
 - Tell us your full name, date of birth, Oregon Health ID number, address and phone number.

Your Rights and Responsibilities

As a member of YCCO 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 Service at 855-722-8205.

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 94. You can also call an Oregon Health Authority Ombudsperson at 877-642-0450 (TTY 711). You can send them a secure email at www.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. To learn more, read “Minor Rights: Access and Consent to Health Care.” This booklet tells you the types of services minors can get on their own and how their health records may be shared. You can read it at www.OHP.Oregon.gov. Click on “Minor rights and access to care.” Or go to: <https://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 as other people seeking health care.
- 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 3)

- Materials that tell you about CCOs and how to use the health care system. (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. (Member Handbook is one good source for this)
- Information about your condition, treatments and alternatives, what is covered, and what is not covered. This information will help you make good decisions about your care. 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 13)
 - Have access to your health records
 - Share your health records with a provider.
- Written notice mailed to you 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 mailed to you about providers who are no longer in-network. In-network means providers or specialists that work with YCCO. (See page 28)
- Be told in a timely manner if an appointment is cancelled.

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 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 such as online. (See page 67).
- 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 3). This could be:
 - Certified or qualified health care interpreters.
 - Certified traditional health workers.
 - Community health workers.
 - Peer wellness specialists.

- Peer support specialists.
- Doulas.
- Personal health navigators.
- Help from CCO staff who are fully trained in CCO policies and procedures.
- Covered preventive services. (See page 30).
- Urgent and emergency services 24 hours a day, 7 days a week without approval or permission. (See page 72).
- Referrals to specialty providers for covered coordinated services that are needed based on your health. (See page 35).
- Extra support from an OHP Ombudsperson (see page 60).

You have the right to do these things

- Choose your providers and change those choices. (See page 28)
- Get a second opinion. (See page 28)
- 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 page 88)
- Make a complaint or ask for an appeal. Get a response from YCCO when you do this. (See page 94)
 - Ask the state to review if you don't agree with YCCO's decision. This is called a hearing.
- Get free certified or qualified health care interpreters for all non-English languages and sign language. (See page 3)

Your responsibilities as an OHP member

You must treat others this way

- Treat YCCO staff, providers, and others with respect.

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

You must tell OHP this information

Call OHP/ONE Customer Service Line at 800-699-9075 (TTY 711) when you:

- Move or change your mailing address.
- If any family moves in or out of your home.
- Change your phone number.
- Become pregnant and when you give birth.
- Have other insurance.

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 issues 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 YCCO.
- Use urgent or emergency 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 for this.
- Tell YCCO if you have any issues, complaints, or need help.
- Pay for services that are not covered by OHP.
- If you get money because of an injury, help YCCO get paid for the 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 primary care providers and other 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 35).

American Indian and Alaska Natives don't need a referral or permission to get care from these providers. These providers must bill YCCO. 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 YCCO any time and have OHP Fee-For-Service (FFS) pay for their care. Learn more about leaving or changing your CCO on page 83.

New members who need services right away

Members who are new to OHP or YCCO 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 YCCO:

- Call Care Coordination at 833-257-2191. They can help you get the care you need. Care coordination can help OHP members with Medicare, too. (See page 31) for Care Coordination)
- Make an appointment with your PCP as soon as you can. You can find their name and number on your YCCO ID card.
- Call Customer Service at 855-722-8205 if you have questions and want to learn about your benefits. They can help you with what you need.

Primary care providers (PCPs)

A primary care provider is the one 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 YCCO network. If you do not pick a provider within 90 days of becoming

a member, YCCO will assign you to a clinic or pick a PCP for you. YCCO will notify your PCP of the assignment and send you a letter with your provider's information.

To choose your PCP:

- Choose one from the Provider Directory on the website here <https://yamhillcco.org/members/find-a-provider/>
- Call Customer Service at 855-722-8205 or TTY 711.

After you choose a PCP, we will mail you a new ID card that show the name of the PCP you choose.

To change your PCP:

You or your representative can change your PCP:

- At any time
- If you are discharged from a clinic or by a provider

If you have questions about changing or want to change your PCP you can call Customer Service for help 855-722-8205 or TTY 711. When you call to change your PCP, the new PCP is active that day. After you choose a PCP, we will mail you a new ID card that show the name of the PCP or Clinic you choose.

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.

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.

Don't forget to ask YCCO about a dentist, mental health provider, and pharmacy.

To choose your dentist, mental health provider, and pharmacy:

- Choose one from the YCCO Provider Directory on our website here <https://yamhillcco.org/members/find-a-provider/>.
- Call Customer Service at 855-722-8205 or TTY 711.

YCCO does not assign a primary care dentist. To choose a new dentist, pick a new one from the directory here <https://yamhillcco.org/members/find-a-provider/> or call Dental Customer Service at 800-525-6800 or TTY 711 and they will help you find a dentist. 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 Service at 855-722-8205 Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY 711) if you would like to change your PCP, PCD or other providers. You can start seeing your new PCP, PCD or other providers on the day this change is made.

In-network providers

YCCO 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 pg 28)
- You are American Indian or Alaskan Native (see pg 26)

Provider directory

You can choose your PCP, PCD or other providers from the provider directory at: <https://yamhillcco.org/members/find-a-provider/>. You can also call Customer Service for help, fill out our online general contact form here <https://yamhillcco.org/contact-us/>, or email YCCO at info@yamhillcco.org.

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 translations and interpreters).
- Accommodations for people with physical disabilities.

You can get a paper copy. You can get it in another format (such as other languages, large print, or Braille) for free. Call Customer Service at 855-722-8205.

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 a YCCO member.
- Your name and YCCO 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 64.

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.

Changing your PCP

You can change your PCP at any time.

You or your representative can change your PCP:

- At any time
- If you are discharged from a clinic or by a provider

If you have questions about changing or want to change your PCP you can call Customer Service for help 855-722-8205 or TTY 711. When you call to change your PCP, the new PCP is active that day. After you choose a PCP, we will mail you a new ID card that shows the name of the PCP or Clinic you choose.

Changes to YCCO providers

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

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 YCCO Customer Service 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, contact YCCO customer service for help. We will arrange the second opinion for free.

Survey about your health

Shortly after you enroll YCCO will mail you a survey about your health. You can complete the survey by mail or phone. You can find the YCCO survey about your health online at <https://yamhillcco.org/members/documents-and-forms/> or call 833-257-2191 to have a care coordination team member help you complete it.

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, oral health and medical history.
- Your primary language.
- Any special health care needs, e.g. high-risk pregnancy, chronic conditions, behavioral health disorders, and disabilities, 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 31 for Care Coordination.

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. If you want us to send you a survey you can call YCCO Customer Service at 855-722-8205, and we will send you one.

Your survey may be shared with your doctor or other providers. YCCO will ask for your permission before sharing your survey with providers.

Members who are pregnant

If you are pregnant, OHP provides extra services to help keep you and your baby healthy. When you are pregnant, YCCO can help you get the care you need. It can also cover your delivery and your care for one year after your pregnancy.

Here's what you need to do before you deliver:

- ☐ **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](https://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.** YCCO has educational materials for pregnant members. Care Management will help you get these materials. Call Customer Service and ask to speak to them.

After you deliver:

- ☐ **Call OHP or ask the hospital to send a newborn notification to OHP.** OHP will cover your baby from birth. Your baby will also have YCCO.
- ☐ **Get a free nurse home visit with Family Connects Oregon.** It is a nurse home visiting program that is free for all families with newborns. A nurse will come to you for a check-up, newborn tips, and resources.

Prevention 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:

- Shots for children and adults
- Dental checkups and cleanings
- Mammograms (breast X-rays)
- Pap smear

- Pregnancy and newborn care
- Exams for wellness
- 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 us at 855-722-8205, or 711 (TTY).

Get help organizing your care with Care Coordination

You get Care Coordination from your patient-centered primary care home (PCPCH), primary care provider, YCCO, or other primary care teams. You can visit <https://yamhillcco.org/members/benefits-and-rights/> for more information about Care Coordination.

YCCO has staff that are part of your care coordination team. YCCO staff are committed to supporting members with their care needs and can assist you with finding physical, developmental, dental, behavioral, and social needs where and when you need it.

You or someone speaking on your behalf can ask for Care Coordination at any time.

Working together for your care

Your care coordination team will:

- Help you understand your benefits and how they work.
- 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 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's appointments.
- 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.

The purpose of Care Coordination is to make your overall health better. We will work together to help find out your health care needs and help you take charge of your health and wellness.

Your care coordination team will work closely with you. They will connect you with community and social support resources that may help you. This team will include different people who will work together to meet your needs, such as providers, specialists, and community programs you work with. 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 and your assigned care team will make a plan called a care plan. This plan will help meet your needs. 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. The plan will be reviewed and updated at least annually, and as your needs change or if you ask for it. You will get a copy of your care plan.

Care Coordination availability

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

- Call YCCO Care Management at 833-257-2191 to get more information about Care Coordination
- YCCO Care Management will call or mail you a letter to let you know who, from your care coordination team, is primarily responsible for coordinating your care and services. If there is a change to this person, we will mail you a letter or call you to tell you.

Members with Medicare

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

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 57 for more information on coverage for members under 21.

Learn more about the Prioritized List at:

<https://www.oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx>

Direct Access

You have “direct access” to providers when you do not need a referral or preapproval for a service. You always have direct access to emergency and urgent services. See the charts below for services that are direct access and do not need a referral or preapproval.



No referral or preapproval needed

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

These services do not need a referral or preapproval:

- **Emergency services**
For physical, dental, or behavioral health
- **Urgent Care services**
For physical, dental, or behavioral health
- **Family Planning services**
- **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
- **Care Coordination services**
Available for all members

Getting preapproval

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. Sometimes your provider may submit information to us to support you getting the service. Even if the provider is not required to send us information, YCCO 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 YCCO. YCCO 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 YCCO Customer Service at 855-722-8205 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 14 days. Sometimes a decision may take up to 28 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 an "expedited service authorization" decision. 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 94 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 69 to learn about prescriptions.

You do not need approval for emergency or urgent services or for emergency aftercare services. See page 74 to learn about emergency services.



Services that need preapproval

- **Inpatient Hospital Services**
- **Inpatient Substance Use Disorder Residential and Detox services**
- **Medication Assisted Treatment for Substance Use Disorder**
First 30 days of treatment do not need preapproval
- **Out-of-network Substance Use Disorder services**
- **Partial or complete dentures**
- **Crowns**
- **Root canal therapy on molars**

YCCO may require preapproval for services that are not listed here.

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 YCCO for approval.

If there is not a specialist close to where you live or a specialist who works with YCCO (also called in-network), they may have to work with the Care Coordination team to find you care out-of-network. There is no extra cost if this happens.

Usually 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

- **Medication Assisted Treatment for Substance Use Disorder**

- **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.

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**

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 from your provider. Learn more about the Provider Directory on page 27.

Services you can self-refer to:

- Visits with your PCP
- Care when you have an emergency
- Services from your OB/GYN in your network for routine or preventative services
- 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
- Mental health services for problems with alcohol or other drugs
- Assertive Community Treatment

Preapproval may still be needed for a service when you use self-referral. Talk with your PCP or contact Customer Service 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.






Physical health benefits






See below 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. YCCO will coordinate services for free if you need help.







If you see an * in the benefit charts, this means a service may be covered beyond the limits for members under 21 if medically necessary and appropriate. Please see page 57 to learn more.



Service	How to access	Who can get it
Care Coordination services No limit. See page 31 for more information. Care Coordination is help given to make your overall health better. YCCO staff will support you with care needs and can assist in finding physical, developmental, dental, behavioral, and social needs where and when you need it. Some of this help can be in setting up a medical appointment, picking a primary care provider, or help in understanding your benefits.		All members
Comfort Care & Hospice Services Limit and/or preapproval based on OHP guidelines & type of care. Call Customer Service or talk to your provider.		All members






Service	How to access	Who can get it
<p>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.</p>		
<p>Diagnostic Services Blood Draw, X-Rays, CT Scans need an order from your provider and have no limit. A CT scan is a series of x-rays that are put together to make an image of the area scanned.</p> <p>MRI's have no limit but need preapproval. An MRI is a scan using a strong magnetic field and radio waves to make detailed images of the inside of the body.</p>	 	<p>All members</p>
<p>Durable Medical Equipment Limit and/or approval based on OHP guidelines & type of service, equipment, or supply. Preapproval and an order from your provider are needed.</p> <p>Durable medical equipment is a kind of equipment that lasts a long time. They don't get used up like medical supplies. It includes equipment like wheelchairs, walkers, hospital beds, prosthetics and orthotics.</p> <p>Medical supplies are items like diabetic supplies or incontinence supplies.</p>	 	<p>All members</p>
<p>Well-Child Care, Early & Periodic Screening, Diagnosis and Treatment (EPSDT) services Well-child visits for babies, children, and teens as recommended.</p> <p>Routine physicals as recommended.</p> <p>Vaccines as recommended by provider and OHP covered vaccines only.*</p> <p>Help with breast feeding, including breast pumps, have no limit.</p> <p>Nutrition services have no limit.</p> <p>Social Supports have no limit.</p>		<p>Members ages 0-20 years old</p>





Service	How to access	Who can get it
<p>Routine eye exams, limited to 1 exam every 12 months. *</p> <p>Eyeglasses (lenses & frames) limited to new glasses every 12 months and approval based on OHP guidelines. Must have a valid prescription from a vision provider. *</p> <p>Hearing aids and exams limit and/or approval based on OHP guidelines and type of care/aid. Preapproval is needed. *</p> <p>See page 57 for more information.</p>		<p>Members ages 0-20 years old</p>
<p>Elective Surgeries/Procedures</p> <p>Surgery must be scheduled and limit and/or approval based on OHP guidelines and type of care. Preapproval is needed.</p> <p>Elective surgeries/procedures are scheduled in advance and does not involve a medical emergency like removal of a gall bladder or kidney stones.</p>		<p>All members</p>
<p>Emergency Medical Transportation</p> <p>No limit or preapproval needed but must be used for emergency services only. An example of emergency medical transportation is an ambulance. You use this type of transportation when you need to get to the hospital quickly.</p>		<p>All members</p>
<p>Emergency Services</p> <p>No limit on number of visits. An emergency needs immediate attention and puts your life in danger. It can be a sudden injury or a sudden illness. Some examples are broken bones, difficulty breathing, or a possible heart attack.</p>		<p>All members</p>
<p>Family Planning Services</p> <p>No limit on number of visits. You can get these services from out of network providers.</p> <p>Family planning is when you have an exam for the health of your reproductive organs and to help make</p>		<p>All members</p>

Service	How to access	Who can get it
choices on having or preventing pregnancy. Some examples are birth control and annual exams.		
Gender Affirming Care Has limits and/or approval based on OHP guidelines and type of care and need preapproval. Gender affirming care is medical care used in gender transition examples are hormone therapy and sex reassignment surgery.		All members
Hearing Services Limit and/or approval based on OHP guidelines & type of care/aid and needs preapproval. Hearing services are exams to check how well you hear and aids to help with hearing. Some examples are hearing test, audiology, and hearing aids.		All members
Home Health Services Limit and/or approval based on OHP guidelines & type of care and preapproval is needed. Home health services are health care services that can be given in your home for an illness or injury, examples are nursing care, physical therapy, or speech therapy.		All members
Immunizations and Travel Vaccines Provider recommended and OHP covered vaccines only, examples may include vaccines your provider wants you to have due to your health condition, occupation, or travel.		All members
Inpatient Hospital Services Limit and/or approval based on OHP guidelines & type of care and preapproval is needed. This is care you get in a hospital where you spend at least one night.		All members

Service	How to access	Who can get it
Interpreter Services No limits on services. Language interpretation (in person, phone, or video) and sign language interpretation (in person or video) services.		All members
Laboratory Services, X-Rays, and other procedures Blood Draw, X-Rays, CT Scans need an order from your provider and have no limit. A CT scan is a series of x-rays that are put together to make an image of the area scanned. MRI's have no limit but need preapproval. An MRI is a scan using a strong magnetic field and radio waves to make detailed images of the inside of the body.	 	All members
Maternity Services No limits for prenatal visits, postpartum care (care for the mother after the baby is born) or help with breast feeding (including breast pumps). Labor and delivery limit is based on type of care and delivery, talk to your provider. Routine vision services limit is one exam every 24 months.		Pregnant members
Rides to care. Also called Non-Emergent Medical Transportation (NEMT) Services No limit on number of rides but rides must be used for OHP approved non-emergency medical visits. See page 64 for more information.		All members
Outpatient Hospital Services Limit and/or approval based on OHP guidelines and type of care. Outpatient hospital services are services that take place in the hospital, but you do not have to stay overnight. Some examples are Chemo, Radiation, and Pain Management.		All members

Service	How to access	Who can get it
<p>Pharmaceutical Services (Prescription Medication) Many drugs are available with a prescription. A full list of prescription drugs can be found on the “formulary.” To search the formulary or print a copy go to https://yamhillcco.org/members/pharmacy-drug-list/.</p> <p>Mental health prescription drugs are not covered by your medical or mental health plan. They are covered by OHP, your pharmacist will know where to send the bill.</p>	<p>Prescription needed</p>	<p>All members</p>
<p>Physical Therapy, Occupational Therapy, Speech Therapy Physical therapy (PT) and occupational therapy (OT) approval based on OHP guidelines and type of care. Limit is combined (PT, OT, chiropractic & acupuncture) 30 visits per 12-month calendar year. *</p> <p>Speech therapy limit and/or approval based on OHP guidelines and type of care.</p> <p>Physical therapy is therapy used to treat a deformity, disease, or injury by physical methods. Examples are massage, heat treatment, and exercise.</p> <p>Occupational therapy is therapy used to help recovery from physical or mental illness to improve the ability to perform daily tasks, like showering and getting to and from bed.</p> <p>Speech therapy is training to help people with speech and language problems to speak more clearly, these can be mouth or speaking exercises.</p>		<p>All members</p>
<p>Preventive services Vaccinations, well-child visits for babies, children, and teens as recommended.</p> <p>Routine physicals, well-women visits (mammogram, gynecological exam, etc.), screening (cancer, etc.) and nutritional counseling as recommended.</p> <p>Mammograms as recommended; 3D mammograms are not covered.</p>		<p>All members</p>

Service	How to access	Who can get it
Family planning, prostate exams, tobacco cessation services have no limit.		
Primary Care Provider Visits No limit but you must see your PCP. Some examples of a reason to see your PCP is an illness such as a cold or the flu, allergies, or your weight. See page 25 for more information.		All members
Sexual Abuse Exams No limits. A physical exam to collect evidence from a person's body and clothes to determine if there has been a sexual assault or abuse.		All members
Specialist Services No limits but services must be covered by OHP and you must see a YCCO in-network provider. YCCO does not require a referral, but the specialist provider may require info from your PCP or other provider. Specialist services are services you get from a medical provider that specializes in a specific area of medicine, examples are heart, allergy, or liver medical care.		All members. For those with special health care needs or LTSS, no referral is required.
Surgical Procedures Limit and/or approval based on OHP guidelines and type of care. Preapproval is needed. To change the organs or tissues in your body through cutting. Also called an operation. Examples are taking out tonsils or gall bladder.		All members
Telehealth Services No limit but services must be covered by OHP. Some services are not available via telehealth, ask your provider if yours can be done this way. Some examples are: Telemedical services, Virtual visits, and Email visits. See page 67 for more information.		All members

Service	How to access	Who can get it
Traditional Health Worker (THW) services No limits. Traditional Health Worker or Tribal Traditional Health Worker services are services from a Community Health Worker, Birth Doula, Peer Support or Peer Wellness Specialist, or Personal Health Navigator. See page 60 for more information.		All members
Urgent Care Services No limits. Urgent problems need to be treated right away, but are not serious enough for immediate treatment in the emergency room. Some examples of urgent care services are minor broken bones and fractures in fingers and toes, sprains and strains, cuts that don't have much blood but may need stitches. See page 72 for more information.		All members
Women's Health Services (in addition to PCP) for routine and preventive care No limits. Visits to your provider for your annual preventative exam that may include a pelvic exam or pap smear, a breast exam and exam for your wellness.		All members
Vision Services Non-pregnant adults (21+) are covered for: <ul style="list-style-type: none"> • Routine eye exams every 24 months • Medical eye exams when needed <ul style="list-style-type: none"> ○ Corrective lenses / accessories only for certain medical eye conditions Members under 21, pregnant adults, adults up to 12 months post-partum are covered for: <ul style="list-style-type: none"> • Routine eye exams when every 24 months* • Medical eye exams when needed • Corrective lenses / accessories when needed Examples of medical eye conditions are aphakia, keratoconus, or after cataract surgery. Corrective lenses must have a valid prescription from a vision provider. Eyeglasses must be bought through		Members ages 0-20 years old, and pregnant members As recommended for all others




Service	How to access	Who can get it
SWEEPS. Approvals for medical eye exams are based on OHP guidelines.		







The table above is not a full list of services that need preapproval or referral. If you have questions, please call YCCO Customer Service at 855-722-8205.


Behavioral health care benefits

See below for a list of behavioral health benefits that are available to you at no cost. Behavioral health means mental health and substance use treatment. 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. YCCO will coordinate services for free if you need help.

If you see an * in the benefit charts, this means a service may be covered beyond the limits for members under 21 if medically necessary and appropriate. Please see page 57 to learn more.

Service	How to access	Who can get it
Assertive Community Treatment (ACT) No limits. You must have a medical need to receive this service. ACT is designed to reduce mental health hospital stays and use of acute care, raise housing stability and improve quality of life for those with severe mental health issues and whose needs have not been met by more common mental health services.	Screening needed 	All members
Wraparound Services No limits. You must have a medical need to receive this service. Wraparound is a team-based planning and problem-solving process to help youth and their families struggling with emotional, mental, and behavioral problems.	Screening needed 	Children and youth that meet medical criteria
Behavioral Health Assessment and Evaluation Services No limits services must be done by a YCCO in network provider.		All members

Service	How to access	Who can get it
A behavioral health assessment is a series of questions, interviews, and mental and physical exams used to understand what the person needs.		
Behavioral Health Psychiatric Residential Treatment Services (PRTS) No limits. Behavioral health treatment in a 24-hour level of care facility that gives behavioral health services that cannot be given as outpatient.		Youth under 21 years of age
Inpatient Substance Use Disorder Residential and Detox services No limits. 24-hour level of care facility for detox and treatment for substance use.		All members
Medication Assisted Treatment (MAT) for Substance Use Disorder (SUD) No limits, medical need requirements may need to be met to get this service. MAT is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.	 Preapproval needed after first 30 days 	All members
Outpatient and peer delivered behavioral health services from an in-network provider No limits, behavioral health services done in an outpatient setting.		All members
Behavioral Health Specialist Services No limits. Behavioral health specialist services are services you get from a behavioral health provider that specializes in a specific area of behavioral health, examples are group therapy or psychological testing.		All members

Service	How to access	Who can get it
Substance Use Disorder (SUD) services No limits. No authorization or referral for services received from YCCO in network provider. Preapproval may be required for out-of-area providers. SUD services are services that are used to treat abuse of drugs or alcohol.		All members

The table above is not a full list of services that need preapproval or referral. If you have questions, please call YCCO Customer Service at 855-722-8205.

Dental benefits

All Oregon Health Plan members have **dental coverage**. OHP covers 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.

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)
- Pedodontist (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 table below 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.





Sometimes you may need to see a specialist. Common dental services that need to be referred to a specialist are:




- Oral Surgery
- Hospital or surgery center
- Root canals
- Gum issues
- In-office sedation

If you see an * in the benefit charts, this means a service may be covered beyond the limits for members under 21 if medically necessary and appropriate. Please see page 57 to learn more.

Service	How to access	Who can get it
Emergency and Urgent Dental care No limits. Emergency or urgent dental care is care for a dental problem that cannot wait for a scheduled visit with your dentist. Examples: extreme pain or infection, bleeding or swelling, injuries to teeth or gums.		All members
Oral Exams Pregnant members: Twice a year Members under 19: Twice a year* Members 19 years of age and older: Once a year* Oral exams are the checkup of the teeth or gums by your primary care dentist to look for cavities or other issues with the teeth.	 Referral needed if not seeing your primary care dentist	All members
Oral Cleanings Members under 19: Twice a year* All other members: Once a year Oral cleaning is the removing of plaque from teeth to prevent cavities.		All members
Fluoride varnish Members through age 18: Twice a year* Members through age 18 with high risk: Four times per year* Members 19 years old and up: Once a year*		All members

Service	How to access	Who can get it
<p>Members 19 years old and up with high risk: Up to four times per year*</p> <p>Fluoride varnish is a dental treatment that puts a coating on the teeth can help prevent decay, slow it down or stop it from getting worse.</p>		
<p>Oral X-rays Limited to once a year</p> <p>Oral x-rays are x-rays that are taken in the mouth of the teeth to check for cavities or other tooth problems.</p>		All members
<p>Sealants Under Age 16. On Adult Back Teeth Once Every 5 Years. Approval based on OHP guidelines.*</p> <p>Dental sealants are thin plastic coatings put on the back teeth to seal out germs and prevent cavities. Sealants should be applied as soon as children get their permanent back teeth (molars). All molars without dental decay should have dental sealants. Kids need their first molars sealed between age 6 and 9 and second molars sealed between 10 and 14.</p>		Members under age 16
<p>Fillings No limits. No preapproval for your primary care dentist. A filling is used to treat a small hole, or cavity, in a tooth. Fillings must be amalgam or composite.</p>	 Preapproval needed if not your PCD	All members
<p>Partial or complete dentures Partial: Once Every 5 Years Complete: Once Every 10 Years Approval based on OHP guidelines.</p> <p>Partial dentures are a plate with one or more false teeth on it to replace what is missing in the mouth, they will not replace all teeth in the upper or lower mouth area, some are removable, and some have clips to keep them in the mouth.</p>	  Referral needed if	All members

Service	How to access	Who can get it
Complete dentures are removable replacement for the upper or lower mouth when all the teeth are missing.	not seeing your primary care dentist	
<p>Crowns Some Upper and Lower Front Teeth. 4 Crowns Every 7 Years. Approval based on OHP guidelines.* Certain requirements must be met to receive a crown. Benefits vary by type of crown, specific teeth requiring care, age, and pregnancy status. Contact your dental health plan.</p> <p>A crown is a tooth-shaped cap that covers a tooth to restore it.</p>	  Referral needed if not seeing your primary care dentist	Pregnant members or members under age 21
<p>Extractions No limits. Preapproval and referral needed if not seeing your primary care dentist. An extraction is when the dentist completely removes your tooth from its socket.</p> <p>Extractions Continued</p>	 Preapproval needed if not seeing primary care dentist  Referral needed if not seeing your primary care dentist	All members

Service	How to access	Who can get it
<p>Root Canal Therapy Under 21: Not Covered on Third Molars (Wisdom Teeth). Pregnant members: Covered on First Molars. All other members: Only on Front Teeth and Pre-Molars.</p> <p>A root canal is a dental procedure that involves the removal of infected soft tissue (dental pulp) inside a tooth. Once the tooth is cleaned, canals are filled with a permanent material and may be covered by a crown. Approval is based on OHP guidelines.</p>	 Preapproval needed for molars or if not seeing primary care dentist  Referral needed if not seeing your primary care dentist	All members
<p>Orthodontics In cases such as cleft lip and palate, or when speech, chewing and other functions are affected. It is required to have approval from your dentist and to not have any cavities or gum disease.*</p> <p>Orthodontics uses braces to treat the irregularities in the teeth and jaw to fix the way they align.</p>		Members under 21

The table above is not a full list of services that need preapproval or referral. If you have questions, please call Customer Service at 855-722-8205.

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

If you are a member of the Veteran Dental Program or COFA Dental Program (“OHP Dental”), YCCO **only** provides dental benefits and free rides to dental appointments.

OHP and YCCO do not provide access to physical health or behavioral health services or free rides for these services.

If you have questions regarding coverage and what benefits are available contact Customer Service at 855-722-8205.

Services that OHP pays for

YCCO 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 YCCO.
2. Services where you get care coordination from OHP.

Services with YCCO care coordination

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

YCCO will coordinate your care 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 YCCO.
- Family Connects Oregon services, which provides support for families with newborns. Get more information at <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, call Care Management at 833-257-2191 or Customer Service at 855-722-8205.

Services that OHP pays for and provides care coordination

OHP will coordinate your care 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
- 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 WellRide for any of these services. See page 64 for more information. Call WellRide at 844-256-5720 to schedule a ride or ask questions.

Moral or Religious objections

YCCO does not limit services based on moral or religious objections.

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. If YCCO does not work with a provider who meets your access needs, you can get these services out-of-network. YCCO 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.

YCCO 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.

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.

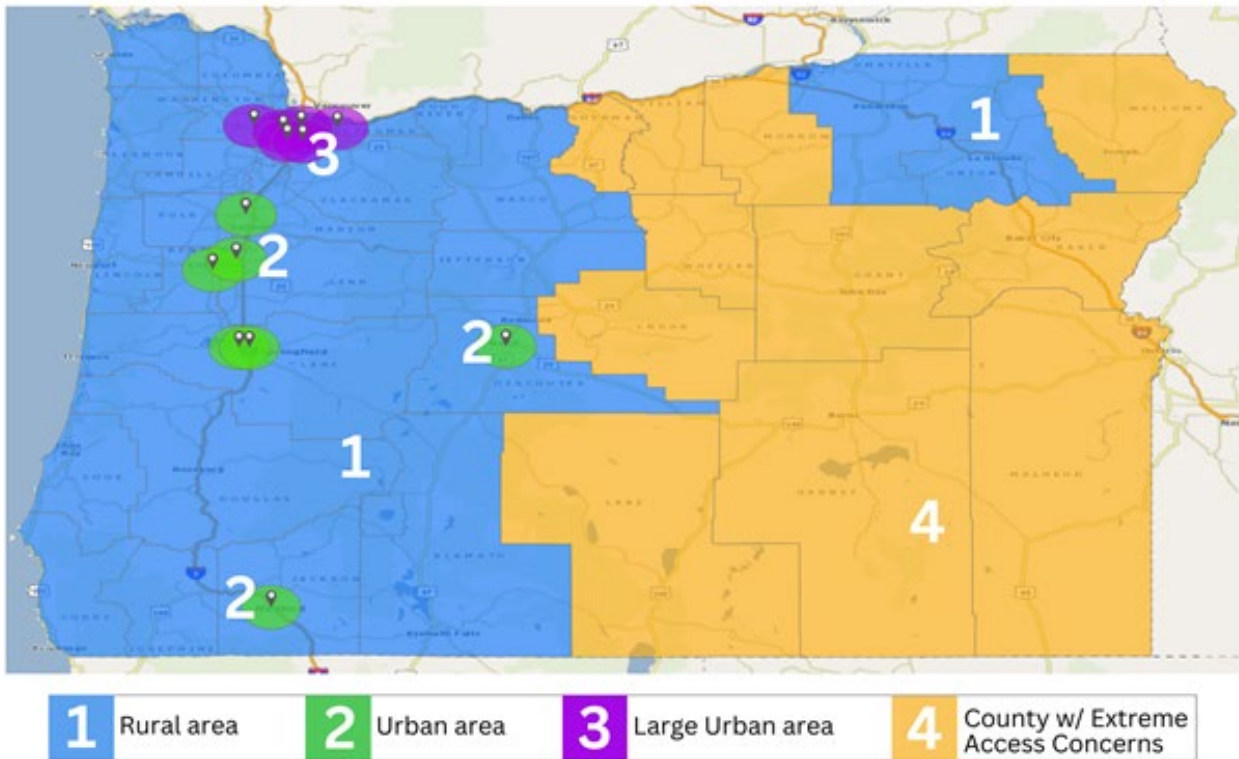
	Large Urban	Urban	Rural	County with Extreme Access Considerations
Tier 1	10 mins or 5 miles	25 mins or 15 miles	30 mins or 20 miles	40 mins or 30 miles
Tier 2	20 mins or 10 miles	30 mins or 20 miles	75 mins or 60 miles	95 mins or 85 miles
Tier 3	30 mins or 15 miles	45 mins or 30 miles	110 mins or 90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

- **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.
- **Urban (2):** Less than or equal to 10 miles from center of 40,000 or more.
- **Rural (1):** Greater than 10 miles from center of 40,000 or more with county population density greater than 10 people 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 on the next page:



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 YCCO at 855-722-8205 to request accommodations. Providers also make sure office hours are the same for OHP members and everyone else.

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	Timeframe
Physical health	
Regular appointments	Within 4 weeks
Urgent care	Within 72 hours or as indicated in the initial screening.
Emergency care	Immediately or referred to an emergency department depending on your condition.
Oral and dental care for children and non-pregnant people	

Care type	Timeframe
Regular oral health appointments	Within 8 weeks unless there is a clinical reason to wait longer.
Urgent oral care	Within 2 weeks.
Dental Emergency services	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	Assessment within 7 days of the request, with a second appointment scheduled as clinically appropriate.
Urgent behavioral healthcare for all populations	Within 24 hours
Specialty behavioral healthcare for priority populations*	
Pregnant people, veterans and their families, people 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 the patient is put on a waitlist.
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 waitlist 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.

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

- You will be put on a waitlist.
- 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 Service at 855-722-8205.

Comprehensive and preventive benefits for members under age 21

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for OHP members from birth to age 21. This benefit 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.

The EPSDT benefit 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, YCCO has to give:

- Regularly scheduled examinations and evaluations of physical, mental health, developmental, oral/dental health, growth, and nutritional status.
 - If YCCO doesn’t cover oral/dental health, you can still get these services through OHP by calling 1-800-273-0557.
- Starting January 1, 2023, 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, see page 33.

Under EPSDT, YCCO 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. YCCO may choose to cover the least expensive option that will work for you.

You should always receive 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 94.

This includes *all* services:

- Physical Health;
- Behavioral Health ;
- Dental Health; 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 833-257-2191. 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 Service at 855-722-8205 or Care Management at 833-257-2191.
- Call Dental Customer Service at 800-525-6800 to set up dental services or for more information.
- You can free get rides to and from covered EPSDT provider visits. Call 855-722-8205 to set up a ride or for more information.
- You can also ask your PCP or visit our website at:
<https://yamhillcco.org/members/benefits-and-rights/> 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). YCCO 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: <https://brightfutures.aap.org/Pages/default.aspx>. Your PCP will help you get these services and treatment when required by the guidelines. YCCO and your Physicians (MD or DO), nurse practitioners, licensed physician assistants and other licensed health professionals (continuing care providers) may provide EPSDT services and/or direct referral to a dentist to provide such dental services.

Screening visits include:

- Developmental screening.

- Lead testing:
 - Children must have blood lead screening tests at the age of 12 months and 24 months. Any child between the ages of 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 risk.
- Assessment of nutritional status.
- Overall unclothed physical exam with an inspection of teeth and gums.
- Full health and development history (including review of both physical and mental health development).
- Immunizations (shots) that meet medical standards:
 - Child Immunization Schedule (birth to 18 years):
<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>
 - Adult Immunization Schedule (19+):
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Health guidance and education for parents and children.
- Referrals for medically necessary physical and mental health treatment.
- Needed hearing and vision tests.
- 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, mental 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.

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

Screenings may find a need for the following services, as well as others:

- Diagnosis of and treatment for impairments 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 94.

YCCO 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 www.Oregon.gov/EPSDT and view a member fact sheet. YCCO also has information at <https://yamhillcco.org/members/benefits-and-rights/>.

Traditional Health Workers (THW)

Traditional Health Workers (THW) 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 also connect with people and services in the community that can help you.

There are a few different kinds of traditional health workers:

- **Birth Doula:** A person who helps people and their families with personal, non-medical support. They help through pregnancy, childbirth, and after the baby is born.
- **Community Health Worker:** A public 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:** 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:** Someone who has life experiences with mental health, addiction, and recovery. Or they may have been a parent of a child with mental health or addiction treatment. They give support, encouragement, and help to those facing addictions and mental health issues. They can help you through the same things.

- **Peer Wellness Specialist:** 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, mental health, or physical conditions.
- **Tribal Traditional Health Workers:** Someone who helps tribal or urban Indian communities improve their overall health. They provide education, counseling, and support which may be specific to tribal practices.

THW can help you with many things, like:

- Finding a new provider.
- Receiving the care you need.
- Understanding your benefits.
- Providing information on behavioral health services and support.
- Advice on community resources you could use.
- Someone to talk to from your community.

You can call or email our THW liaison to find out more about THWs and how to use their services. You can ask your care team or provider if a THW can be useful for you. You can also choose one in the YCCO provider directory here <https://yamhillcco.org/members/find-a-provider/>.

THW Liaison Contact Information:

YCCO THW Liaison

providerrelations@yamhillcco.org

855-722-8205

If we change the contact information for the THW liaison, you can find up-to-date information on our website at: <https://yamhillcco.org/community-programs/traditional-health-workers/>.

Extra services

Health-Related Services

Health-Related Services (HRS) are extra services YCCO offers. HRS help improve overall member and community health and well-being. HRS are flexible services for members and community benefit initiatives for members and the larger community.

The YCCO HRS program aids in the best use of funds to address individual health needs, as well as social risk factors, like where you live, to improve community well-being. Learn more about health-related services at

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4329.pdf>

Flexible Services

Flexible services are support for items or services to help members become or stay healthy. YCCO offers these flexible services:

- Housing supports
- Home or living environment items or improvements
- Transportation not otherwise covered by OHP, some examples are rides to the bank or grocery store
- Help with food

Examples of other flexible services:

- Food supports, such as grocery delivery, food vouchers, or medically tailored meals
- Short-term housing supports, such as rental deposits to support moving costs, rent support for a short period of time, or utility set-up fees
- Temporary housing or shelter while recovering from hospitalization
- 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 filter

How to get flexible services for you or family member

You can work with your provider to request flexible services, or you can call Customer Service at 855-722-8205 and have a request form sent to you in the language or format that fits your needs.

Flexible services are not a covered benefit for members and CCOs are not required to provide them. Decisions to approve or deny flexible services requests are made on a case-by-case basis. 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 94.

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 services and supports for members and the larger community to improve community health and well-being. YCCO promotes our Community Health Improvement Plan (CHP) priority areas in the initiatives we choose. These areas are housing, food, and nutrition, infants and children, mental health and substance abuse, emergency preparedness, access to healthcare, and transportation.

Examples of other community benefit initiatives are:

- Classes for parent education and family support
- Community-based programs that help families access fresh fruits and veggies through farmers markets
- Active transportation improvements, such as safe bicycle lanes and sidewalks
- School-based programs that support a nurturing environment to improve students' social-emotional health and academic learning
- Training for teachers and child-specific community-based organizations on trauma informed practices

Oral Health Community Care

We proudly support members getting oral health services in community settings. YCCO works with Capitol Dental to send dental hygienists with a special permit into schools, Women Infants Children (WIC), Head Start, Medical offices, long-term care facilities and other community locations to complete assessments. They also do some preventive services while they are there, like fluoride or silver fluoride and help people understand how to take care of their teeth.

In places where we don't have a hygienist to do this, we work with other organizations. Services you have in the community should be free to you if they are covered on your plan. If you aren't sure, you can ask the person who is doing the services, or you can call Member Services.

Health Related Social Needs

Health-Related Social Needs (HRSN) refer to barriers to health, like housing or access to food. Please contact YCCO to see what free HRSN Services are available. HRSN Services include:

- Housing Services: Help with rent and utilities, to get or keep housing, moving costs, and home modifications. This will begin no sooner than November 1, 2024 and will be for members at risk of becoming houseless. For others, this service will start at a later date.
- Climate Services: Help to get health related air conditioners, heaters, air filters, portable power supplies, and mini fridges. This will begin March 2024.
- Nutrition Services: Includes nutrition education, medically tailored meals, meals or pantry stocking, fruit and vegetable prescriptions. This will begin January 1, 2025.

You may be eligible to receive some or all the HRSN Services if you are an OHP Member, and:

- Are homeless or at risk of being homeless;
- Are being discharged from an Institute for Mental Disease;
- Are being released from incarceration;
- Are a youth transitioning out of the child welfare system;
- Are a Youth with Special Healthcare Needs (cannot receive services until 2025); or

- Are an individual who is transitioning to dual status with OHP and Medicare.

You can ask to be screened for eligibility or to deny screening for eligibility. If approved, you can choose to receive or not receive HRSN Services. If approved, HRSN Services are free to you, and you can opt out at any time. If you receive HRSN Services, your care coordination team will work with you to make sure your care plan includes the services you receive. See page 31 for Care Coordination and care plans.

Please note that to be screened for and receive HRSN Services, your personal data may be collected and used during referrals. You can limit the way in which your information is shared.

Free rides to care

Free rides to appointments for all YCCO members.

If you need help getting to an appointment, call WellRide for a free ride. You can get a free ride to any physical, dental, pharmacy, or behavioral health visit that is covered by YCCO.

You or your representative can ask for a ride. We may give you a bus ticket, money for a taxi, 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. YCCO will never bill you for rides to or from covered services. Call WellRide Customer Service at 844-256-5720 (TTY 711) for help or more info.

Schedule a ride

Call WellRide at 844-256-5720 (TTY 711)

Hours: Monday through Friday, 7:30 a.m. to 6:00 p.m. WellRide is closed on New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.

Please call at least 2 business days before the appointment to schedule a ride. This will help make sure we can meet your ride needs.

You can get a same or next-day ride. Please call WellRide.

You or someone you know can set up more than one ride at a time for multiple appointments. You can schedule rides for future appointments up to 90 days in advance.

What to expect when you call

YCCO has a rides call center staff who can help in your preferred language and in a way that you can understand. This help is free.

The first time you call we will tell you about the program and talk about your ride needs. We will ask about your physical ability and if you will need someone to travel with you.

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

- Your full name.

- Your address and phone number.
- Your date of birth.
- Name of the doctor or clinic you need to visit.
- Date of appointment.
- Time of appointment.
- Pick-up time after appointment.
- If you need an attendant to help you.
- Any other special needs (like a wheelchair or service animal).

We will check to see if you are with YCCO and if your appointment is for a service that's covered. You will get more information about your ride within 24 hours. You will get information about your ride request in a way you choose (phone call, email, fax).

If you request a ride less than two (2) days before the scheduled pick-up time, we will give you the phone number of the company who will arrange for your pickup. We may also give you the name and phone number of the driver who will pick you up.

Pick up and drop off

You'll get the ride company or driver's name and number before your appointment. Your driver will contact you at least 2 days before your ride to confirm details. They will pick you up at your scheduled time. Please be on time. If you are late, they will wait for 15 minutes after your scheduled time. That means if your ride is scheduled for 10 a.m., they will wait for you until 10:15 a.m.

They will drop you off for your appointment at least 15 minutes before it starts.

- **First appointment of the day:** We will drop you off no more than 15 minutes before the office opens.
- **Last appointment of the day:** We will pick you up no later than 15 minutes after the office closes unless the appointment is not expected to end within 15 minutes after closing.
- **Asking for more time:** You must ask to be picked up earlier or dropped off later than these times. Your representative, parent or guardian can also ask us.
- **Call if your driver has not arrived by 10 minutes after pickup time:** If your driver has not arrived by 10 minutes after your scheduled pickup time, call the ride company. Staff will let you know if the driver is on their way. Drivers must tell the dispatcher before leaving from the pick-up location.
- **Call if you don't have a pickup time:** If there is no scheduled pickup time for your return trip, call us when you are ready. Your driver will be there within 1 hour after you call.

WellRide is a shared ride program. Other passengers may be picked up and dropped off along the way. If you have several appointments, you may be asked to schedule them for the same day. This will help us to make fewer trips.

You may ask to have a friend or family member drive you to the appointment. They can get reimbursed (paid) for the miles they drive.

You have rights and responsibilities as a rider:

You have the right to:

- Get a safe and reliable ride that meets your needs.
- Be treated with respect.
- Ask for interpretation services when talking to customer service
- Get materials in a language or format that meets your needs.
- Get a written notice when a ride is denied.
- File a complaint about your ride experience.
- 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 are to:

- 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.

Cancel or change your ride

Call WellRide when you know you need to cancel or reschedule your ride, at least 2 hours before the pick-up time.

You can call WellRide Monday through Friday, 7:30 a.m. to 6:00 p.m. Leave a message if you can't call during business hours. Call WellRide if you have any questions or ride changes.

When you don't show up

A "no-show" is when you aren't ready to be picked up on time. Your driver will wait at least 15 minutes after the scheduled pick-up time before leaving. We may restrict your future rides if you have too many no-shows.

Having a restriction means we might limit the number of rides you can make, limit you to one driver, or require calls before each ride.

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 denial letter within 72 hours of the decision. The notice states the rule and reason for the denial.

You can ask for an appeal with YCCO 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 or grievance at any time, even if you have made the complaint before. Some examples of a complaint or grievance are:

- Concerns about vehicle safety
- Quality of services
- Interactions with drivers and providers (such as rudeness)
- Ride service requested was not provided as arranged
- Consumer rights

Learn more about complaints, grievances, appeals and hearings on page 94.

Rider Guide

Get the WellRide Rider Guide at: <https://yamhillcco.org/members/transportation/> . You or your representative can also call Customer Service at 855-722-8205 to ask for a free paper copy. It will be sent in 5 business days. The paper copy can be in the language and format you prefer.

The guide has more information, like:

- Wheelchairs and mobility help.
- Vehicle safety.
- Driver duties and rules.
- What to do in an emergency or if there is bad weather.
- Long distance appointments.
- Meal and lodging reimbursement.

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. YCCO will cover telehealth visits. Telehealth lets you visit your provider using a:

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

If you do not have internet or video access, talk to your provider about what will work for you.

How to find telehealth providers

Not all providers have telehealth options. You should ask about telehealth when you call to make your appointment. If you need help finding a telehealth provider Customer Service or the Community Health Hub can help you can reach both of them at 855-722-8205 (TTY 711). If you have any audio or video problems with your telehealth visit, please be sure to work with your provider.

When to use telehealth

YCCO 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 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 71 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.

To know if an in-network provider offers telehealth visits call the provider and ask them. To find an in-network provider look in the directory here <https://yamhillcco.org/members/find-a-provider/>.

Telehealth visits are private

Telehealth services offered by your provider are 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 13.

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 that respect your culture and language needs.

- Get qualified and certified interpretation services for you and your family. Learn more on page 3.
- Get in-person visits, not just telehealth visits.
 - YCCO 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.
 - YCCO will help identify what telehealth tool is best for you.

Talk to your provider about telehealth. You can also call Customer Service at 855-722-8205 (TTY 711). We are open Monday through Friday, 8:00 a.m. to 5:00 p.m.

Prescription medications

To fill a prescription, you can go to any pharmacy in YCCO's network. You can find a list of pharmacies we work with in our provider directory at: <https://yamhillcco.org/members/find-a-provider/>.

For all prescriptions covered by YCCO, bring to the pharmacy:

- The prescription.
- Your YCCO 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

YCCO list of covered medications is at: <https://yamhillcco.org/members/pharmacy-drug-list/>.

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

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

- YCCO 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.

YCCO 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 YCCO to cover prescriptions

When your provider asks YCCO to approve or cover a prescription:

- Doctors and pharmacists at YCCO 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 YCCO decides to not cover the prescription, you will get a letter from YCCO. 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 YCCO Pharmacy Customer Service at 877-216-3644 (TTY 711) if you have questions.

Mail-order pharmacy

Costco Pharmacy Home Delivery or Postal Prescription Service can mail some medications to your home address. This is called mail-order pharmacy. If picking up your prescription at a pharmacy is hard for you, mail-order pharmacy may be a good option. Call YCCO Pharmacy Customer Service at 877-216-3644 (TTY 711) to

- Learn more about mail-order pharmacy and
- Get set up with mail-order pharmacy.

OHP pays for behavioral health medications

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

- YCCO and your provider will help you get the medications you need.
- The pharmacy sends your prescription bill directly to OHP. YCCO 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 YCCO Customer Service at 855-722-8205 (TTY 711).

Prescription coverage for members with Medicare

YCCO and OHP do not cover medications that Medicare Part D covers.

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 YCCO ID card at the pharmacy.

If Medicare Part D does not cover your medication, your pharmacy can bill YCCO. If OHP covers the medication, YCCO will pay for it.

Learn more about Medicare benefits on page 32.

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 YCCO at 855-722-8205 (TTY 711) to find out if this is a good option for you.

Hospitals

We work with the hospitals below for regular hospital care. You can get emergency care at any hospital.

McMinnville

Willamette Valley Medical Center

2700 SE Stratus Ave.

McMinnville, OR 97128

503-472-6131 (TTY 711)

<https://willamettevalleymedical.com/>

Newberg

Providence Newberg Medical Center

1001 Providence Dr.

Newberg, OR 97132

503-537-1555 or 800-562-8964 (TTY 711)

<https://oregon.providence.org/location-directory/p/providence-newberg-medical-center/>

Dallas

West Valley Hospital

525 SE Washington St.

Dallas, OR 97338

503-623-8301 (TTY 711)

<https://www.salemhealth.org/services/salem-health-west-valley>

Salem

Salem Health Hospital

890 Oak St. SE

Salem, OR 97301

503-370-5200 or 800-876-1718 (TTY 711)

<https://www.salemhealth.org/>

Tualatin

Legacy Meridian Park Hospital

19300 SW 65th Ave.

Tualatin, OR 97602
503-692-1212 (TTY 711)
<https://www.legacyhealth.org/locations/hospitals/legacy-meridian-park-medical-center.aspx>

Oregon City

Providence Willamette Falls Medical Center

1500 Division St.

Oregon City, OR 97045

503-656-1631 (TTY 711)

<https://oregon.providence.org/location-directory/p/providence-willamette-falls-medical-center/>

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.

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 below or look for them in the provider directory here

<https://yamhillcco.org/members/find-a-provider/>.

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).

You can call anytime, day or night, on weekends and holidays. Tell the PCP office you are a YCCO 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 below list of urgent care and walk-in clinics.

If you need help, call YCCO Customer Service at 855-722-8205 (TTY 711).

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 a YCCO member. You may get advice or a referral of somewhere else to call. You will get a call back from a YCCO representative within 30-60 minutes after you call, to talk about next steps.

For non-urgent advice and appointments, please call during business hours.

Urgent care centers and walk-in clinics in the YCCO area:

Yamhill County

BestMed Urgent Care

1755 SW Baker Street
McMinnville, OR 97128
971-900-4522

Washington County

Providence Medical Group

16770 SW Edy Road, Suite 102
Sherwood, OR 97140
503-216-9600 Option 2 (TTY 711)

Legacy GoHealth Urgent Care

21430 SW Langer Farms Parkway, Suite 158
Sherwood, OR 97140
971-808-0655 (TTY 711)

Tuality Medical Group Urgent Care

7545 SE TV Highway
Hillsboro, OR 97123
503-681-4223 (TTY 711)

Marion County

Salem Health Urgent Care

1002 Bellevue Street SE
Salem, OR 97301
503-564-4824 (TTY 711)

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)

If you cannot reach your PCD or you do not have one, call Dental Customer Service at 800-525-6800. 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 YCCO Customer Service within 3 days of receiving emergency care.
- You have a right to use any hospital or other setting, within the United States.
- An emergency is covered in the United States. It is not covered in Mexico or Canada.
- Emergency care provides 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 71.

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 facial swelling or infection in the mouth.
- Bleeding from your gums will not 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 cannot reach your PCD or you do not have one, call Customer Service at 800-525-6800. They will help you find emergency dental care.

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 71.

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. YCCO offers members crisis help and services after an emergency.
- A behavioral health provider can support you in getting services for improving and stabilizing mental health. We will try to help and support you after a crisis.

Local and 24-hour crisis numbers, walk-in and drop-off crisis centers

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.

Polk County:

503-623-9289

503-581-5535 or (800) 560-5535 (Afterhours, Weekends & Holidays)

Washington County:

503-291-9111

Yamhill County

503-434-7465 or 844-842-8200 (Afterhours, Weekends & Holidays)

503-434-7523 (Daytime Adults)

503-434-7462 (Daytime Children and Youth)

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 above 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.

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 YCCO can do 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, 24 hours a day, for members receiving intensive in-home behavioral health treatment.

See more about behavioral health services offered on page 45.

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.

Never keep thoughts or talk of suicide a secret!

You can also get help by:

- **Dialing 988**
- Searching 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 page 75, or go to <https://yamhillcco.org/members/find-a-provider/behavioral-health/>.

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. Call your primary care provider or primary care 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

YCCO 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 69.

Emergency care away from home

You may need emergency care when away from home or outside of the YCCO service area. **Call 911 or go to any emergency department.** 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. We do not cover services outside the United States, including Canada and Mexico.

Do not pay for emergency care. If you pay the emergency room bill, YCCO is not allowed to pay you back. See page 78 for what to do if you get billed.

Please follow steps below if you need emergency care away from home

1. Make sure you have your Oregon Health ID Card and YCCO ID card with you when you travel out of state.
2. Show them your YCCO ID Card and ask them to bill YCCO.
3. Do not sign any paperwork until you know the provider will bill YCCO. Sometimes YCCO cannot pay your bill if an agreement to pay form has been signed. To learn more about this form see page 80.
4. You can ask the Emergency Room or provider's billing office to contact YCCO if they want to verify your insurance or have any questions.
5. If you need advice on what to do or need non-emergency care away from home, call YCCO for help.

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 YCCO can cover. YCCO cannot pay for a service if the provider has not sent us a bill.

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 YCCO. 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.

No YCCO in-network provider (for a list of in-network providers see page 27.) 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 YCCO for services you are not responsible for to the contracted provider.

Members cannot be billed for missed appointments or errors.

- Missed appointments are not an OHP (Medicaid) service and are not billable to the member 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 that's called balance billing. It is also called surprise billing. The amount is the difference between the actual billed amount and the amount YCCO pays. This happens most often when you see an out-of-network provider. Members are not responsible for these costs.

If you have questions, call Customer Service 855-722-8205. For more information about surprise billing go to <https://dfr.oregon.gov/Documents/Surprise-billing-consumers.pdf>.

If your provider sends you a bill, do not pay it.

Call YCCO for help right away at 855-722-8205, (TTY 711).

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 YCCO, 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 YCCO to see if a treatment or services is not covered. If you choose to get a service that is not covered, you may have to pay the bill.

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 YCCO, another insurance or gave a name that did not match the one on the YCCO ID at the time of or after the service was provided, so the provider could not bill YCCO. Providers must verify your YCCO 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 YCCO you may have to pay for your services. Before you see a provider that is not in-network with YCCO you should call Customer Service 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 27.
- **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 YCCO. 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 YCCO Customer Service first to discuss what is covered. If you get a bill, please contact YCCO 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 YCCO Customer Service at 855-722-8205 (TTY 711).

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 YCCO or OHP. The form is also called a waiver. You can see a copy of the form at <https://bit.ly/OHPwaiver>.

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 YCCO would pay them in full for the covered service.
 - The estimated cost, including all related charges, the amount YCCO would pay for the service. The provider cannot bill you for an amount more than YCCO 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 YCCO 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. Contact YCCO Customer Service if you get a bill. We may have resources to help if you have been wrongfully billed.

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 YCCO Customer Service as soon as possible at 855-722-8205 (TTY 711). Hours: Monday through Friday, 8:00 a.m. to 5:00 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 YCCO, contact Customer Service. Learn more about denials, your right to an appeal, and what to do if you disagree with us on page 94.
 - You can also appeal by sending YCCO a letter saying that you disagree with the bill because you were on OHP at the time of service.

Important tips about paying for services and bills

- We strongly urge you to call Customer Service 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 YCCO.
- YCCO pays for all covered services in accordance with the Prioritized List of Health Services, see page 33.
- For a brief list of benefits and services that are covered under your OHP benefits with YCCO, who also covers case management and care coordination, see page 31. If you have any questions about what is covered, you can ask your PCP or call YCCO customer service.
- No YCCO 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 YCCO for services you are not responsible for.
- Members are never charged for rides to covered appointments. See page 64. Members may ask to get reimbursements for driving to covered visits or get bus passes to use the bus to go to covered visits.
- 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 YCCO 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 94.
- In the event of YCCO closing, you are not responsible for paying 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.

Call Customer Service 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 YCCO.

YCCO 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 YCCO. If they still say you owe money, call Customer Service at 855-722-8205, (TTY 711). We can help you.
- Learn about the few times a provider can send you a bill on page 78.

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.

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 when you can change or leave a CCO.

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) 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.

American Indian and Alaska Native with proof of Indian Heritage who want to get care somewhere else. They can 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 include, but are 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](https://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 a 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](https://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 reenrolled 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@odhsosha.oregon.gov.

How to change or leave your CCO

Things to consider: YCCO wants to make sure you receive the best possible care. YCCO 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 YCCO.

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 800-273-0557 (TTY 711) from 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@odhsosha.oregon.gov.

You can get care while you change your CCO. See page 83 to learn more.

YCCO can ask you to leave for some reasons

YCCO may ask OHA to remove you from our plan if you:

- Are abusive, uncooperative, or disruptive to our staff or providers unless 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 YCCO staff. When the act or threat of violence seriously impairs YCCO 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's request 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 94 for how to make a complaint or ask for an appeal.

YCCO 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 YCCO disagrees with.

For more information or questions about other reasons you may be disenrolled, temporary enrollment exceptions or enrollment exemptions, call YCCO at 855-722-8205 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.

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 they are 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 timeframe 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.

If you are leaving YCCO, 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 YCCO Customer Service at: 855-722-8205 (TTY users, call 711) Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. PST

YCCO 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 YCCO 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 timeframes above.

You can get a copy of the YCCO Transition of Care Policy by calling Customer Service at 855-722-8205. It is also on our website on the documents and forms page in the member policies section at <https://yamhillcco.org/members/documents-and-forms/>. Please call Customer Service if you have questions.

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**.

You can get a copy of the YCCO Advance Directive Policy by calling Customer Service at 855-722-8205. It is also on our website on the documents and forms page in the member policies section at <https://yamhillcco.org/members/documents-and-forms/>.

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.

- The right to share, deny or accept types of medical care and the right to share your decisions about your future medical care.

How to get more information about Advance Directives

YCCO also offers more information about advance directives on our website here <https://yamhillcco.org/members/benefits-and-rights/>.

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 with 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: <https://www.oregon.gov/oha/ph/about/pages/adac-forms.aspx>

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 YCCO 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.
- YCCO will honor any choices you have listed in your completed and signed Advance Directive.

How to complain if YCCO did not follow advance directive requirements

If you think YCCO did not follow advance directive requirements you can complain. You can complain to OHA by filling out an OHA complaint form. The form is online here: <https://www.oregon.gov/oha/HSD/OHP/Pages/Complaints-Appeals.aspx>. You can call 971-673-0540 or TTY 711.

You can mail OHA your complaint here:

Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232

Email: Mailbox.hcls@state.or.us
Fax: 971-673-0556
Phone: 971-673-0540
TTY: 971-673-0372

If you want a paper copy of the OHA complaint form sent to you call YCCO Customer Service at 855-722-8205 (TTY 711).

How to complain if your provider did not follow your advance directive

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 users, please call 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

Call YCCO Customer Service at 855-722-8205 (TTY 711) to get a paper copy of the complaint form.

You can find complaint forms and learn more at:

<https://www.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 so your provider knows it is no longer valid. Tear them up or 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 should get it?	For all adults over the age of 18	People with a serious illness or are older and frail and might not want all treatments
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: <https://oregonpolst.org/>

Email: polst@ohsu.edu or 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 www.healthoregon.org/hcrqi. Send your complaint to:

Health Care Regulation and Quality Improvement

800 N.E. Oregon St., #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, and Abuse

We're a community health plan, and we want to make sure that healthcare 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.

Medicaid Fraud is against the law and YCCO takes this seriously.

Some examples of fraud, waste and abuse by a provider are:

- A provider charging you for a service covered by YCCO
- 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 are:

- Going to multiple doctors for prescriptions for a drug already prescribed to you
- Someone using another person's ID to get benefits

YCCO 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.

How to make a report of fraud, waste, and abuse

You can make a report of fraud, waste and abuse a few ways:

Call, fax, submit on-line or write directly to YCCO. **We report all suspected fraud, waste, and abuse committed by providers or members to the state agencies listed below.**

Call our hotline: 844-989-2845

Fax: 503-857-0767

Submit a report online at <http://yamhillcco.ethicspoint.com/> or

Write to **Yamhill Community Care**

C/O Compliance Officer

807 NE Third St

McMinnville, OR 97128

OR

Report Member fraud, waste and abuse by calling, faxing or writing to:

DHS Fraud Investigation Unit

P.O. Box 14150

Salem, OR 97309

Hotline: 1-888-FRAUD01 (888-372-8301)

Fax: 503-373-1525 Attn: Hotline

Website: <https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>.

OR (specific to providers)

OHA Office of Program Integrity

3406 Cherry Avenue NE

Salem, OR 97303-4924

Hotline: 1-888-FRAUD01 (888-372-8301)

Fax: 503-378-2577

Website: <https://www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx>.

OR

Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice

100 SW Market Street

Portland, OR 97201

Phone: 971-673-1880

Fax: 971-673-1890

To report fraud online: <https://www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx>

Complaints, Grievances, Appeals and Fair Hearings

YCCO 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 contact us at:

- Phone: 833-257-2192
- Fax: 503-765-9675
- Mail: Yamhill Community Care
Attn: Grievance Specialist
807 NE Third Street
McMinnville, OR 97128
- Email: appeals@yamhillcco.org
You may have personal info in your email put “secure” in the subject line, so your info is protected.

You can make a complaint

- A **complaint** is letting us know you are not satisfied.
- A **dispute** is when you do not agree with YCCO or a provider.
- A **grievance** is a complaint you can make if you are not happy with YCCO, 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 Service at 855-722-8205, TTY 711. If you need help in your language, just tell Customer Service. You can also make a complaint with OHA or Ombuds. You can reach OHA at 1-800-273-0557 or Ombuds at 1-877-642-0450.

or

Write:

Yamhill Community Care
Attn: Grievance Specialist
807 NE Third Street
McMinnville, OR 97128
Email: complaints@yamhillcco.org

You may also find a complaint form at <https://yamhillcco.org/members/documents-and-forms/>.

You can file a complaint about any matter other than a denial for service or benefits and at any time orally or in writing. If you file a complaint with OHA, it will be forwarded to YCCO.

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 YCCO
- Care you were not sure about, but got anyway
- Bills for services you did not agree to pay
- Disputes on YCCO 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 received the complaint explaining how we will handle it.

If you are unhappy with how we handled your complaint, you can share that with OHP Client Services Unit at 1-800-273-0557 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.

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.

YCCO, 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 asks 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.

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.

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 reply 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 a hearing You must ask within 120 days of the appeal decision letter date.

Learn more about the steps to ask for an appeal or hearing

Step 1

Ask for an appeal.

You must ask within 60 days of the date of the denial letter (NOABD).

Call us at 833-257-2192 (TTY 711) 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>.

You can mail the form or written request to:
Yamhill Community Care Grievance Specialist
PO Box 5490
Salem, OR 971304

You can also fax the form or written request to 503-765-9675.

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.

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.

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 will be 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.

	<p>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.</p> <p>At your request or if we need more time, we may extend the timeframe for up to 14 days.</p> <p>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.</p> <p>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.</p>
Step 3	<p>Read our decision.</p> <p>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.</p>
Step 4	<p>Still don't agree? Ask for a hearing.</p> <p>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).</p> <p>What if I need a faster hearing?</p> <p>You can ask for a fast hearing. This is also called an expedited hearing.</p> <p>Use the online hearing form at https://bit.ly/ohp-hearing-form to ask for a normal hearing or a faster hearing.</p> <p>You can also call the state at 800-273-0557 (TTY 711) or use the request form that will be sent with the letter. Get the form at https://bit.ly/request2review. You can send the form to:</p> <p>OHA Medical Hearings 500 Summer St NE E49 Salem, OR 97301 Fax: 503-945-6035</p> <p>The state will decide if you can have a fast hearing 2 working days after getting your request.</p>

	<p>Who can ask for a hearing?</p> <p>You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p> <p>What happens at a hearing?</p> <p>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.</p>
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Questions and answers about appeals and hearings

What if I don't get a denial letter? Can I still ask for an appeal?
<p>You have to get a denial letter before you can ask for an appeal.</p> <p>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.</p>
What if YCCO doesn't meet the appeal timeline?
<p>If we take longer than 30 days to reply, 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 request form that will be sent with the denial letter (NOABD). Get the form at https://bit.ly/request2review.</p>
Can someone else represent me or help me in a hearing?
<p>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.</p> <p>For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; 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.com</p>
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 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 this decision is effective, whichever is later.
- You can call us at 833-257-2192 (TTY 711) 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:

Yamhill Community Care Grievance Specialist

807 NE Third Street

McMinnville, OR 97128

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 YCCO and Medicare, you may have more appeal rights than those listed above. Call Customer Service at 855-722-8205 (TTY 711) for more information. You can also call Medicare at 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 contact YCCO at 833-257-2192 (TTY 711) to ask for free copies of all paperwork used to make the decision.

Words to Know

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.

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.

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.

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.

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.

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.

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.

Crisis – A time of difficulty, trouble, or danger. It can lead to an emergency situation if not addressed.

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

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.

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

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 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.

Emergency services – Care that improves or stabilizes sudden serious medical or mental health conditions.

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 make it a crime for someone to knowingly make a false record or file a false claim for health care.

Grievance – A formal complaint you can make if you are not happy with your CCO, your healthcare services, or your provider. 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 healthcare. After you sign up, a company or government agency pays for covered health services. Some insurance programs need monthly payments, called *premiums*.

Health Risk Screening – 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.

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.

Medicaid – A national program that helps with healthcare costs for people with low income. In Oregon, it is called 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.

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.

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.

OHP Agreement to Pay (OHP 3165 or 3166) Waiver - 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: www.oregon.gov/oha/hsd/ohp/pages/forms.aspx

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 (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.

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

Rehabilitation services – Services to help you get back to full health. These help usually after surgery, injury, or substance abuse.

Representative – A person chosen to act or speak on your behalf.

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.

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.

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

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.

Whistleblower – Someone who reports waste, fraud, abuse, corruption, or dangers to public health and safety.