



MEMBER HANDBOOK

3000 Market Street NE, Suite 228
Salem, Oregon 97301

Toll Free: (800) 525-6800

Local: (503) 585-5205

TTY: (800) 735-2900

Fax: (503) 581-0043

www.capitoldentalcare.com

January 1, 2021

Special Assistance

Everyone has a right to know about Capitol Dental Care's programs and services. All members have a right to use our programs and services. We give free help when you need it. If you have a special need or disability making it difficult for you to get dental care, call CDC Member Services.

We provide language and sign language interpreter services free of charge. You can request these services by calling CDC Member Services. Some examples of the free help we can give are:

- Sign language interpreters
- Spoken language interpreters for other languages
 - Certified and qualified, approved by OHA
- Written materials in other languages or other formats like braille or large print
- Audio and other formats
- Other auxiliary aids as needed

If you or your representative needs an interpreter at your dental visit, tell your provider's office. Tell them what language you need help in. Your provider will contact us to arrange an interpreter.

You can access an electronic version of this document at www.capitoldentalcare.com. Click on "Member Handbook" at the bottom of the page. We can also send

you a free printed version of this handbook within 5 business days of request. A member's representative can also request a free printed version of this member handbook.

If you need help with any of these things, please contact Member Services:

- Call (800) 525-6800 or TTY (800) 735-2900
- Email members@capitoldentalcare.com

Alternate Formats

The Member Handbook is available in different languages, large print, computer disk, Braille, and audio tape. If you would like to request a different format or need assistance with the handbook, please call our Member Service Department at (503) 585-5205. The toll free number is (800) 525-6800, TTY (800) 735-2900. (English)

Si ud. necesita nuestro material en español o en un formato alternativo, tal como Letra grande, Disco, Braille, Audio casete, Presentación oral, llame, por favor, al departamento de información y reclamaciones al (503) 585-5205, (800) 525-6800, o para TTY (para sordos) al (800) 735-2900. (Spanish)

Если вам нужны наши материалы на русском языке или в другом варианте, например Крупным шрифтом, На компьютерной дискете, Шрифтом Брайля, На аудиокассете, рассказать устнопозвоните, пожалуйста, в наш Отдел бслуживания по тел. (503) 585-5205, (800) 525-6800, для плохослышащих (800) 735-2900. (Russian)

Neu qui vi can nhung tai lieu cua chung toi bang tieng Viet nam hay bang mot phuong phap thay the khac, chang han nhu Chu in lon, Bang ghi hinh, Dia cua may dien toan, Trinh bay qua dam thoai, Chu danh cho nguoi khiem thi, xin qui vi goi den Van Phong Phuc Vu Khach Hang chung toi o so dien thoai mien phi (503) 585-5205, (800) 525-6800 hay so dien thoai danh cho nguoi bi diec (800) 735-2900. (Vietnamese)

Sight or Hearing Impaired

This handbook is available in large print and audio.

If need phone relay assistance, call the Oregon Telecommunication Relay Service. This service is offered 24 hours a day at no cost to you. Dial TTY/Voice (800) 735-2900 or 711. Calls are confidential. Long distance calls are billed to your phone.

If you need an ASL interpreter for a dental appointment let your dentist know or call CDC member services so one can be arranged for you.

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Welcome to CAPITOL DENTAL CARE

Capitol Dental Care (CDC) is a dental care organization (DCO). We contract with the Oregon Health Authority (OHA). We also contract with coordinated care organizations (CCO). CDC delivers dental care to members covered on the Oregon Health Plan (OHP). CDC has worked with OHP members since 1994. CDC goal is to be "user friendly" and to do the right thing for our members.

Mission Statement

Capitol Dental Care is committed to preventing dental disease and improving the oral and systemic health of children and low income patients. We create access to quality care, use evidence-based methods and provide dental leadership within the communities we serve.

Contact Information

Address

- Capitol Dental Care
3000 Market St. NE, Suite 228
Salem, OR 97301
- Office Hours: Monday–Friday from 7:00 a.m. to 6:00 p.m.

Capitol Dental Care is closed on these major holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Phone

- Phone: (800) 525-6800
- TTY: (800) 735-2900
- Fax: 503-581-0043

Internet

- Website: www.capitoldentalcare.com
- Member Services: members@capitoldentalcare.com
- Compliance: compliance@capitoldentalcare.com
- Other: admin@capitoldentalcare.com

IMPORTANT: Remember Email is not secure. It could be seen by others. You may wish to mail or fax personal health information rather than sending it by e-mail.

The Oregon Health Plan

The Oregon Health Plan (OHP) provides health care for Oregonians with low-income. The State of Oregon and the US Government's Medicaid program pay for it. Some of the services covered by OHP are in the following table:

Doctor visits	Hospital Stays	Dental Care
Prescriptions	Mental health services	Free Rides to covered health care services
Help with addiction to cigarettes, alcohol and drugs		

OHP can provide hearing aids, medical equipment and home health care if you qualify.

CCOs (Coordinated Care Organizations) are a type of managed care. The Oregon Health Authority (OHA) contracts with these private companies. They have been set up to manage health care for people on OHP. OHA pays the CCOs a set amount each month to provide the health care services.

Some OHP members do not get their services from a CCO. Providers are paid directly by OHA for each service provided. This is called fee-for-service (FFS), it is also called an open card. Native Americans, Alaska natives, people on both Medicare and OHP have a choice to be in a CCO, or on FFS. They can ask to change at any time. Any CCO member with a valid medical reason can ask to be on FFS. Contact CDC first to see if your issue can be resolved prior to requesting an open card through OHP. You may have questions or need help to choose your best option. OHP Member Services can help you. Call them at (800) 273-0557.

Dental Self Care Plan

The American Dental Association says you should:

1. Brush your teeth twice a day.
2. Use fluoride toothpaste.
3. Floss between your teeth once a day.
4. Eat a balanced diet and limit snacks.
5. Visit your dentist regularly.
6. Get your teeth professionally cleaned.

Getting Dental Care

The steps for getting dental care are:

1. Be an OHP member assigned to CDC,
2. Find a participating dentist and
3. Get an appointment.

What To Do If You Are A New CDC Member

- Choose a Primary Care Dentist.
- Make an appointment with your Primary Care Dentist within your first 30 days with CDC

If you can't get in to see your Primary Care Dentist (PCD) during your first 30 days with CDC

If you need prescriptions, medical supplies, or medical services right away, Care Coordination is available to help. They can help with the process of getting the needed items approved by your current or previous DCO. This includes help if you can't get a visit with your Primary Care Dentist during your first month with CDC. For more information about care coordination, call Member Services at 800-525-6800.

Oregon Health Identification Card

The Oregon Health Authority (OHA) will send you an OHP Identification Card. You should keep this card safe. Show it to your primary care

dentist (PCD) when you go to your appointments. If you lose your card, contact your Department of Human Services (DHS) worker.

CCO or CDC Identification Card

CDC or your CCO can also send you an Identification card. It contains our contact information. This card can be used at the dental office to show that you are on OHP.

Other Insurance

If you have other insurance coverage and are on CDC, let us know by calling OHP Customer Service or CDC Member Services at 1-800-525-6800.

Renewing Your Eligibility

You need to sign up for your OHP membership each year. You can do so by calling 1-800-699-9075 (TTY 711). If you need help visit go to OregonHealthCare.gov.

You should keep the same plans and providers that you already have. If there are changes that you did not want, you can request to be put back with the providers of your choice.

Disenrollment

Changes in your life can cause you to lose your dental plan. Moving may mean you need to change to another plan. Getting other dental insurance may cause you to no longer be eligible for OHP.

Your dentist or CDC may ask to have you change your plan. This can happen if you mistreat those trying to help you or if you miss too many appointments.

Doing something dishonest such as letting someone else use your dental benefits could cause you to lose all of your OHP benefits.

If you want to disenroll from Capitol Dental Care, you can if:

- You are new to OHP, and it is within the first 90 days;
- You are returning to OHP, and it is within the first 30 days;
- You are renewing your OHP coverage (usually once per year);

- You have been enrolled already for 6 months;
- You have another reason (up to one time per year); or
- You move somewhere that Capitol Dental Care doesn't serve.
 - Call OHP Customer Service at 1-800-273-0557 to tell them.

To disenroll from Capitol Dental Care, call OHP Client Services at 1-800-273-0557 or 1-800-699-9075.

Primary Care Dentist

CDC is primarily responsible for coordinating your covered services and is a managed care dental plan. This means each member needs to have a primary care dentist (PCD). Your PCD will provide care or refer you to specialists for your dental care. If the covered service is not available by CDC's provider network, you will be able to access the covered service through a non-participating provider. In most cases, you must see providers that are in the CDC network. If a network provider is not available; your PCD will ask CDC if you can see an out-of-network provider. At no cost to you, we will work with your PCD to determine how soon you need to be seen and which out-of-network provider you can see.

Choosing a PCD

Use the provider directory on our website for a list of dentists in your area. Or you can ask CDC for a free copy of the provider list. Call the provider and let them know you are covered by CDC and would like to be a patient in their office. If the PCD you called is not accepting new patients, select another PCD. If you have difficulty finding a PCD or are new and need care prior to meeting with your PCD, call us for help.

Changing PCD

CDC allows you to change your dentist twice a year. Carefully consider making changes during treatment. It is usually best to complete a dental treatment before changing to a new dentist. If you want to change call CDC for approval.

When CDC needs to let you know of changes in your PCD, the program, or our service sites that will affect you, we will notify you.. CDC will provide, "translated as appropriate," the notice of change at least 30

days before the effective date of that change, or as soon as possible if the participating provider has not given CDC sufficient notification to meet the 30-day notice requirement.

Appointments

When you are ready to make an appointment, call your PCD. Keep your appointment and arrive on time. If you must cancel an appointment call the day before. If you miss too many appointments a provider might decide to no longer see you. If you need help getting to an appointment, call your OHP free ride service. You may call us for assistance if needed.

Health Risk Screening

Shortly after you become a member with CDC, we will reach out to you a few times. We will do this by mail and phone call. We will ask you some questions about your oral health to complete an oral health risk screening. This helps us know about your needs.

CDC will conduct an oral health risk screening on an annual basis or sooner your condition changes. An initial oral health risk screening will be conducted within 90 days of the effective date of enrollment for all members and within 30 days of enrollment or referral for certain prioritized members. CDC may share the results of your oral health risk screening with the State, your CCO, behavioral health, or any other health plans you are enrolled in so you can get the care you need.

Telehealth/Teledentistry

CDC is committed to providing access to its members through teledentistry when possible and appropriate. This means that you and the dentist are in different locations but you still receive care. Our teledentistry program allows you to connect with Capitol Dental Care providers from home or anywhere you can be on your phone or computer. Ask your PCD if they do any services through teledentistry and what the exact system requirements are. Most dentists will be able to securely and safely connect to any laptop, computer web browser, smartphone or tablet. You can also call Member Services if you would like to receive teledentistry services.

Providers are not allowed to limit members to only teledentistry services. We work with providers to determine when teledentistry is appropriate. Teledentistry services are culturally and linguistically appropriate.

Specialty Care

If you need care from a specialist your PCD will refer you. You may have to pay for a specialist's care if you go without your PCD's referral.

Keeping your appointment with a specialist is important. Their services are limited so a missed appointment could mean a long wait. The specialist can refuse to see you if you miss your appointment.

Care Coordination

If you have special needs caused by disabilities or your age, you may be eligible for Intensive Care Coordination Services. This service can help you best use the OHP program. A care coordinator can help find the best providers for you. They can also make sure your providers are working together. If you feel you need these services, please contact Member Services.

Second Opinions

CDC covers second opinions at no cost to you. If you want a second opinion about your treatment options, ask your dentist to refer you. You can also let CDC know that you want to see another provider. If you

want to see a provider outside of our network, you or your provider will need to get CDC's approval first.

Rights of Minors (under age 18)

Someone under the age of 18 has special rights. There is a booklet called "Minor Rights: Access and Consent to Health Care" to help explain these rights. The booklet is online at OHP.Oregon.gov. It tells the types of services that young people can get on their own. It explains how a minors' health care information may be shared.

Emergency Care

Dentists are available day and night, even on weekends and holidays. Urgent problems are things like severe infections and strong pain. If you don't know how urgent the problem is, call your dentist. If you can't reach your dentist's office or they can't see you soon enough, you can call us at 1-800-525-6800. We can help you talk to an on call dentist.

If you think that you have a medical emergency—call 911 or go to the nearest Emergency Room (ER). You don't need permission to get care in an emergency. An emergency might be chest pain, trouble breathing, bleeding that won't stop, broken bones, or an uncontrollable mental health issue. Please don't use the ER for things that can be treated at an office. Sometimes ERs have a long and uncomfortable waits. It might take hours to see a doctor, so go there when you have to.

A mental health emergency is feeling or acting out of control. It might create a situation that could harm you or someone else. Get help right away. Do not wait until there is real danger. Call the Crisis Hotline, 911, or go to the ER. You can use any hospital or other emergency care setting in the United States in a true emergency.

Dental Emergency

A dental emergency is when you need care in the next 24 hours. It could be caused by something like a knocked out tooth. Or it might be because of infection in your mouth, unusual swelling or severe tooth pain. Severe pain keeps you awake at night or makes it hard to eat.

If possible, first call your dental office. You should be able to talk with a dentist even when the dental office is closed. Your dentist can help you decide the best way for you to get care. If you can't get help call us at 1-800-525-6800. We will help you talk with an on call dentist.

You do not need pre-approval to get care for emergency dental services or post-stabilization services. You have the right to use any emergency center. Please do not use them for care that your dentist can provide for you.

Urgent Dental Care

Urgent dental care is dental care that needs prompt but not immediate treatment. Examples of urgent dental care are a toothache, swollen gums and lost fillings. For urgent dental care call your dentist. If you cannot reach your dentist call CDC. You do not need pre-approval to get care for urgent dental services.

If You Need Care Out-of-town

If you need dental care when you are away from home—call your PCD. If you need urgent care, find a local dentist who will see you right away. Show them your OHP ID card. Ask them to call us to coordinate your care, to avoid being charged.

If you have a bill from an out-of-state provider, do not ignore it. You can call Member Services or OHA to discuss what you need to do.

Out-of-town Emergencies

If you have a real emergency when you are away from home, call 911 or go to the nearest Emergency Room. Your care will be covered until you are stable. For follow-up care after the emergency, call your PCP.

OHP covers emergency and urgent care anywhere in the United States, but not outside the US. That means OHP will not pay for any care you get in Mexico or Canada.

Care After an Emergency

Emergency care is covered until you are stable. Follow-up care to maintain or improve your condition once you are stable is covered by

CDC but it is not considered an emergency. This care is called post-stabilization care. This care includes dental, behavioral and physical health. This care is available 24 hours a day and 7 days a week. CDC will pay for post-stabilization care provided by a dental provider, even if the dental provider is not in the CDC network. After you receive emergency treatment, call your Primary Care Dentist (PCD) to arrange for more follow-up care if you need it.

Native Americans/American Indians

American Indians and Alaska Natives can receive their care from an Indian Health Care Provider (IHCP) clinic or tribal wellness center.

If you see an IHCP that is not in CDC's network, they still must follow these rules:

- Only covered benefits will be paid.
- If a service requires a pre-approval, they must ask for it before providing the service.
- You may also call CDC Member Services for help.

Priority Populations

CDC makes every effort to provide care to all of its members as quickly and fully as possible. There are some members that may have increased needs, however. Members with special health care needs and members that get long-term services and supports, get direct access to care. They may receive direct access/standing referrals to a specialist as part of their treatment plans, depending on their situation. Those can include:

- Pregnant women;
- Members with special health care needs, including members who are older, blind, deaf, hard of hearing, or otherwise disabled. These members may also have complex/high health needs, multiple chronic conditions, behavioral health issues, or substance use disorders. They may be receiving long-term services or supports.

Call Member Services at 1-800-525-6800 for direct access assistance.

Access Standards

Capitol Dental Care will abide by certain standards in providing access to services for its members. These standards comply with 42 CFR §438.68. CDC's appointment access standards are as follows:

Routine Care	Within 8 weeks
Urgent Care	Within 1 week
Emergency Care	Within 24 hours
Care for Pregnant Members	Within 4 weeks

Transportation Help

CDC can help you get transportation for non-emergencies. We have contact information for non-emergency medical transportation (NEMT) companies that can help you. People on the Oregon Health Plan (OHP or Medicaid) get help paying for rides to medical appointments. These are called medical rides. They are also called non-emergency medical transportation (NEMT). You will need to get approval before you go to your appointment. To get approval call the ride service below that serves your region.

County ▼	CCO	Contact information
Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake	None	TransLink (Rogue Valley Transportation District) - 541-842-2060 or 888-518-8160
Yamhill	None	Tri-County Med Link, 866-336-2906
Baker, Gilliam, Grant, Harney, Lake, Malheur, Sherman, Union, Wallowa, Wheeler	Eastern Oregon CCO	GOBHI Transportation Services - 877-875-4657
Coos, Curry, Douglas	Advanced Health	Bay Cities Brokerage - 877-324-8109
Curry, Douglas, Jackson, Josephine	AllCare	Ready Ride - 800-479-7920

Klamath	Cascade Health Alliance, PacificSource	TransLink - 888-518-8160
Clatsop, Columbia, Tillamook	Columbia Pacific CCO	NW Rides - 888-793-0439
Clackamas, Multnomah, Washington	Health Share of Oregon	Ride to Care - 855-321-4899
Jackson	Jackson Care Connect	TransLink - 888-518-8160
Benton, Lincoln, Linn	Intercommunity Health Network	Cascades West Ride Line (Oregon Cascades West Council of Governments) - 541-924-8738 or 866-724- 2975 (TTY: 541-928-1775)
Crook, Deschutes, Jefferson	PacificSource	LogistiCare - 855-397-3619
Hood River, Wasco	PacificSource	LogistiCare - 855-397-3617
Lane	PacificSource	RideSource (Lane Transit District) - 541-682-5566 or 877-800-9899
Marion, Polk	PacificSource	LogistiCare - 844-544-1397
Douglas, Lane, Linn	Trillium	RideSource (Lane Transit District) - 541-682-5566 or 877-800-9899
Douglas	Umpqua Health Alliance	Bay Cities Brokerage - 877- 324-8109
Polk, Washington, Yamhill	Yamhill Community Care	Well Ride - 844-256-5720
Clackamas, Multnomah, Washington	Trillium	MTM - 877-583-1552
Crook, Deschutes, Jefferson	None	Cascades East Ride Center (Central Oregon Intergovernmental Council) - 541-385-8680 or 866-385-8680
Clatsop, Columbia, Tillamook	None	NW MedLink - 833-585-4221
Lane	None	RideSource (Lane Transit District) - 541-682-5566 or 877-800-9899
Benton, Lincoln, Linn	None	Cascades West Ride Line (Oregon Cascades West Council of Governm

Transition of Care

If you are changing from another DCO to Capitol Dental Care, we will help make that transition as smooth as possible.

Please call Member Services at (800) 525-6800 right away if you are a new CDC member coming from another DCO. We will help you see a dentist as soon as possible. We will also help you get any medications or supplies that you may need until you can see a dentist.

If you have any service authorizations from your previous DCO, we will honor those and get you the care you need. Learn more about this special type of continued care in our Transition of Care policy online at: www.capitoldentalcare.com

Your Dental Benefits

Services need to be dentally necessary to be covered. Covered services are free of charge. Please call us if you have any questions regarding your dental benefits. Capitol Dental Care does not have any moral or religious objections to providing care. Capitol Dental Care will work with community partners to make sure you have access to covered services.

Dental Benefits	Approval / Referral?	Limits to Care
Exams, cleanings, x-rays	No approval/referral required	Once per year for most adults. Twice a year those under 21 and for pregnant women.
Basic restorative care (Fillings)	No approval/referral required	No limit.
Dentures and Partial	Yes, approval/referral required	Only available for qualifying members. Call for details.
Sealants	No approval/referral required	Every 5 years for children (16 and under) with permanent molars.

Stainless Steel Crowns	Yes, approval/referral required	For molars (back teeth) only, may require approval.
Extractions (removing teeth)	Approval required for wisdom teeth. May not be required for other extractions	Some extractions including wisdom teeth require approval. Extractions for orthodontic care are not covered.
Root Canal Therapy	Yes, approval/referral required	Yes, with limitations. Call for details.
Emergency and Urgent Care	No approval/referral required	No limit.
Medicine		Must be ordered by your CDC dentist. Must be on the State

Please call CDC member services if you have questions about covered services or prior authorization requirements. Your dentist will discuss your treatment plan with you at the time of your visit.

Stop Smoking Programs

CDC can help you try to quit smoking. Call your dentist or Member Services to learn about services to help you quit. You may also contact the Oregon Quit Line. Their numbers are (800) 784-8669 and TTY (877) 777-6534. The web site is www.quitnow.net/oregon. You can also visit www.capitoldentalcare.com to view our Tobacco Cessation policy.

Non-Covered Services

Your dentist should tell you if a service is not covered. Ask about your other choices. There may be times when you want to receive a service that is not covered. You will have to pay for these services. You will need to sign OHP form number 3165 (also called a waiver) before you

receive care indicating you will be responsible for payment. See <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3165.pdf>

There may be services from other providers such as hospitals or labs that are necessary for the service you want. You will have to pay for these services too. Be sure to find out what services are needed and what they will cost.

If you get a bill for a service that you thought was covered, contact CDC member services at (800) 525-6800. You do not have to pay for covered services provided by a CDC provider.

Unfair Treatment/Nondiscrimination

We must follow state and federal civil rights laws. We cannot treat people (discriminate) unfairly in any program or activity because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex, or sexual orientation.

Everyone has a right to enter, exit, and use buildings and services. They also have the right to get information in a way they understand. We will make reasonable changes to policies, practices and procedures by talking with you about your needs.

Do you think Capitol Dental Care or a provider has treated you unfairly? To report concerns or to get more information, please contact our Member Services Manager one of these ways:

Member Services Manager
3000 Market Street, Suite 228
Salem, OR 97301
Phone: 800-525-6800 (TTY/TDD 711)
Fax: 503-581-0043
Email: members@capitoldentalcare.com

You also have a right to file a complaint with the following entities:

- Oregon Health Authority (OHA) Civil Rights
 - Web: www.oregon.gov/OHA/OEI
 - Email: OHA.PublicCivilRights@state.or.us

- Phone: (844) 882-7889, 711 TTY
- 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
 - Email: crdemail@boli.state.or.us
 - Mail: Bureau of Labor and Industries Civil Rights Division
800 Oregon St., Suite 1045
Portland, OR 97232
- U.S. Department of Health and Human Services Office for Civil Rights (OCR)
 - Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
 - Phone: (800) 368-1019, (800) 537-7697 (TDD)
 - Email: OCRComplaint@hhs.gov
 - Mail: Office for Civil Rights
200 Independence Ave. SW
Room 509F, HHH Bldg.
Washington, DC 20201

Grievances or Complaints

You can complain or file a grievance if you are unhappy with OHP, CDC, your dentist, or the services you have received. You are also able to get help filing a complaint. Your complaint can be made to CDC by calling member services, by email or by sending a letter. Another person such as your provider can file a grievance for you, but they will need your written permission first. Your CCO or OHP Client Services can also take your complaint.

We will write within five days that we received your complaint. Your complaint will be addressed within 30 days. All information about your complaint will be kept confidential.

Decision Notices

If CDC denies or reduces a dental service your dentist has requested, you will receive a letter. It is called a Notice of Action Benefit Denial, or

Notice of Adverse Benefit Determination (NOABD). It explains why we made the decision and provides you with your appeal rights.

Appeals

If you are denied a dental service, you may ask to appeal the decision. The NOABD letter will explain how to make your appeal. This is when you want us to look at and change a decision we have made about what is covered for you or what Capitol Dental Care will pay for a dental service. Your appeal must be filed within sixty (60) days from the date given on the denial letter. An appeal form will be provided with the denial letter. An appeal may be filed by you, your appointed representative, or your dentist with your written permission in the following ways:

- By calling Member Services at the phone numbers at 1-800-525-6800. You may also call 1-800-525-6800 to check on the status of an existing appeal.
- By completing the Denial of Medical Services Appeal and Hearing Request Form and mailing or faxing the completed form back to us.

When we get an appeal, CDC will have a dentist, who did not participate in the original decision, review your appeal. You will receive notice of the reviewer's decision within 16 days. The notice is called Notice of Appeal Resolution.

You have the right to ask for a fast (expedited) appeal. This is for when your dental problem cannot wait for the normal appeal process. If approved, we will give you the appeal decision within 72 hours from date of receipt.

Administrative Hearings

You have the right to ask for an administrative hearing from the Oregon Health Authority. Your dentist also has the right to appeal coverage decisions. They can do so when they feel a decision is not correct.

The NOABD letter you receive will have a Hearing Request form. You can also ask us for the form. Send the form in to ask for a hearing.

You must send it within 120 days from the date of the decision notice or Notice of Appeal Resolution, whichever is later.

If your condition does not allow you to wait, you can ask for a fast (expedited) appeal or hearing. Tell CDC or check the expedite appeal or hearing request box on the Health Systems Division Service Dental Appeal and Hearing Request form (OHP 3302).

An administrative hearing is a review of the decision with a judge. At the hearing, you can explain why you do not agree with CDC's decision. You can tell the judge why the services requested should be covered.

You can name someone else to speak for you at the hearing. You can choose anyone to represent you, including your provider. Make sure that they are willing to speak for you. Report who your representative will be on the hearing request form. You can also have witnesses speak at the hearing.

You do not need to hire a lawyer, but you can have one help you. Neither OHA nor CDC will pay for the cost of a lawyer. You may be able to get legal help from the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at (800) 520-5292. TTY users can dial 711. Legal aid information can also be found at www.oregonlawhelp.org.

A hearing often takes more than thirty (30) days to arrange. While you wait for your hearing, you can keep on getting the service that was already started before our original decision to stop it. You must ask us to continue the service within ten (10) days of the date on Notice of Action-Adverse Benefit Determination letter or the Appeal Resolution letter that stopped it.

If the appeal is in your favor, we will keep paying for the service.

We will stop paying for the service if:

- You do not ask us to continue covering the service within ten (10) days of the Notice of Action-Adverse Benefit Determination letter.
- You stop your request for an appeal or Contested Case Hearing.
- The time period or service limits that were stopped have been met.
- You do not ask for a Contested Case Hearing within ten (10) calendar days of the Appeal Resolution.

Fraud, Waste and Abuse

We are all hurt by those who cheat to get health benefits they should not have. Every dollar lost is money that can't be spent where it is needed most. CDC watches for misuses and waste. We are committed to preventing fraud, waste, and abuse. We are committed to complying with applicable laws and regulations.

Here are some examples of Fraud, Waste, and Abuse:

- Billing CDC for a service you didn't get.
- Billing for a more expensive service than what was provided.
- Having unnecessary service done just to get more money.
- Letting someone else use your health care benefits.

You can also report your concerns. You don't have to give your name if you don't want to. To report a provider, contact the following entities:

1. Medicaid Fraud Control Unit (MFCU)

Oregon Department of Justice
100 SW Market Street
Portland, OR 97201
Phone: 971-673-1880
Fax: 971-673-1890

2. OHA Office of Program Integrity (OPI)

3406 Cherry Ave. NE
Salem, OR 97303-4924
Fax: 503-378-2577
Hotline: 1-888-FRAUD01 (888-372-8301)
www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

The law protects those who report. It is illegal for you to lose your job or lose your coverage for reporting. It is also illegal for someone to threaten, harass or discriminate against you.

To report an OHP member, contact:

- DHS Fraud Investigation Unit
PO Box 14150

Salem, OR 97309

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

Fax: 503-373-1525 Attn: Hotline

www.oregon.gov/oha/FOD/PIAU/Pages/Report-Fraud.aspx

Your Health Records Are Private – Confidential

CDC will keep your dental records and other information about you private. You can request a copy of our confidentiality policy. Call member services. It is also on our website.

A law called the "Health Insurance Portability and Accountability Act (HIPAA)" also protects your records. There is a notice available to you called the "Notice of Privacy Practices". It explains how your information may be used. It also explains what must be done to keep your dental records private. To get a copy call CDC member services.

Your provider only shares your health records with those who need to see them. They share information to help with your treatment or to get payment for services. You can ask for a list of everyone who received information about you.

You can decide who sees your health records. If there is someone you don't want to see your health records, please tell your provider in writing.

Your Right to Inspect and Copy Your Health Records

You and your legal representatives have the right to review and get a copy of your health and dental records. Your PCD has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies.

Right to Change Your Records

If you think that information is missing from your dental records or is not accurate you can ask to have it corrected. Send a letter explaining what you would like to have changed. Explain why it should be changed.

Provider Incentives

CDC does not reward our staff for denying requests for dental services. We do not have financial incentives for dentist that might cause them to give you less care. You have the right to ask about our financial arrangements with providers. To find out contact CDC Member Services. Capitol Dental Care makes approval (payment) decisions about your dental benefits. These decisions are based only on appropriate care and coverage guidelines and rules. CDC does not reward our staff for denying pre-approval requests. CDC does not reward providers for giving less care. You have the right to ask if CDC has special financial arrangements with our providers that can affect referrals and other services. To help serve members best some providers offer alternative (different) payment methods. Providers that reflect our priorities can be eligible for monetary incentives. To find out more about our provider payment arrangements, call CDC Member Services.

End-of-life Decisions and Advance Directives (Living Wills)

An Advance Directive, also called a Living Will, gives your providers instructions on how to care for you. Adults 18 years and older can decide about their own care. This includes refusing treatment. An Advance helps you decide your care before you need it.

If you were in a coma or so sick or injured that you couldn't talk it tells the doctors your wishes for care. If you don't want certain kinds of treatment like a breathing machine or feeding tube say so in your Advance Directive. If you are awake and alert your providers will listen to what you want.

Without an Advance Directive, your providers may ask your family what to do. If no one can tell them, they will give you standard medical treatment. This means the normal treatment for your condition. Some providers may not follow Advance Directives. Ask your providers if they will follow yours.

You can get an Advance Directive form from many providers and at most hospitals. You also can find one online at www.oregon.gov/dcbs/shiba/docs/advance_directive_form.pdf. If you

write an Advance Directive give copies to your family and your providers. Be sure to talk to them about it so they can follow your instructions.

You can cancel your Advance Directive at any time. To cancel it, ask for the copies back. Tear up the old copies. Or you can write CANCELED in large letters, sign and date them.

For questions or more information contact Oregon Health Decisions at (800) 422-4805 or (503) 692-0894, TTY 711.

If your provider does not follow your Advance Directive, you can complain. A form for this is at www.healthoregon.org/hcrqi. Send your complaint to:

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

Declaration for Mental Health Treatment

You can decide the care you would want if you are ever unable to make clear decisions. To learn more contact your mental health professional. See also <https://www.oregon.gov/oha/HSD/amh/forms/declaration.pdf>.

OHP Ombudsperson

Have a problem or complaint with your dental coverage. There is help for you. Call 877-642-0450 or visit <https://oregonlawhelp.org/resource/oregon-health-authority-ombudsperson>

For a complete list of member rights and responsibilities, please refer to the Oregon Health Plan Client Handbook. You can ask for a copy by calling (800) 237-0557, TTY 711.

Your Rights

- Be treated with dignity and respect;
- Be treated by your dentist the same way that others are treated
- Be encouraged to work with your care team, including providers and community resources appropriate to your needs;
- Choose where you go to get dental services. Choose your providers. Change those choices in accordance with the rules.
- To go to behavioral health or family planning services without being sent by a participating provider;
- Have a someone of your choice come with you when you need them as long as it isn't against clinical guidelines;
- Take part in deciding what treatment you will receive.
- Be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatments;
- Be able to choose or refuse services except in cases where it is court ordered. Have the consequences of the choices explained to you.
- Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;
- Have written materials explained to you in a way you can understand them. To be informed about the coordinated care approach that affects you and how to use it.
- Receive services in the language you can understand and that is sensitive to your culture. To have these available as close to where you live as possible. If possible, have services in non-traditional settings for families of diverse communities and underserved populations;
- Receive timely access to care and services.
 - See OAR 410-141-3515 and OAR 410-141-3860.
- Receive oversight, care coordination and transition and planning management to ensure culturally and linguistically appropriate community-based care is provided in a way that serves you in as natural and integrated an environment as possible and that minimizes the use of institutional care;

- Receive the services needed to diagnose your condition;
- Receive personal care that provides you choice and maintains your dignity. Care that is appropriate and meets the standards of the dental profession.
- Have a consistent and stable relationship with a care team that is responsible for comprehensive care management;
- To have those who understand your language and culture assist you get access to and use you benefits;
- Receive your covered preventive services;
- Be able to get urgent and emergency services 24 hours a day, seven days a week without prior approval;
- Receive a referral to specialty providers when needed as provided for in policy.
- Have a clinical record kept showing your health condition, services received, and referrals made;
- Have access to your clinical record except for where it would be unlawful.
- Transfer of a copy of the clinical record to another provider;
- Create a statement of your treatment wishes. The statement can include the right to accept or refuse dental treatment and the right to execute directives and powers of attorney for health care established under ORS 127;
- Receive written notices before a denial of, or change in, a benefit or service level is made, unless a notice is not required by federal or state regulations;
- Be able to make a complaint or appeal and receive a response;
- Request a contested case hearing;
- Receive certified or qualified health care interpreter services
- Receive a notice that an appointment has been cancelled in a timely manner; and
- To not have restraint or seclusion used to make you do something or to punish you. To have the federal regulations on the use of restraints and seclusion followed.
- Receive help to use the health care delivery system.
- To get help to access community, state and social support services
- Have access to the following:
 - -certified or qualified health care interpreters
 - -certified traditional health workers
 - -community health workers

- -peer wellness specialists
- -peer support specialists
- -douglas
- -personal health navigators
- -others as needed.

You also have the right to request certain information including:

- the structure and operations of CDC
- requirements for CDC to provide access to covered services
- network adequacy requirements.

Your Responsibilities

- To help with finding a PCD.
- To treat the CDC team, your dentist, and clinic staff with respect.
- To be on time for appointments. To call in advance if you will miss or be late to an appointment.
- To get periodic exams and preventive services from your PCD.
- To use your PCD for care except in an emergency.
- To get a referral before going to a specialist.
- To only use urgent and emergency when care can't be provided in an office. To notify the PCD within 72 hours of an emergency.
- To give accurate information.
- To help get your medical records from other providers. To sign a release of information form when needed.
- To ask questions in order to understand your conditions and treatments.
- To use information to make decisions about treatment.
- To help create a treatment plan with the provider.
- To follow prescribed, agreed upon treatment plans.
- To tell the provider that your health care is covered under OHP before services are received. If needed, show your provider your Medical Card.
- To report a change of address or phone number.
- To report if you become pregnant and of the birth of your child.
- To report if any family members move in or out of the household.
- To report if there is any other insurance available.
- To pay for non-covered services.
- To assist your PCD pursue third party insurers available such as from an injury. To pay the PCD if you receive the benefits paid.
- To bring issues, complaints or grievances to the attention of CDC.

- To sign an authorization for release of medical information when needed for an administrative hearing.

Words to Know

Appeal

To ask a plan to change a decision you disagree with about a service your doctor ordered. You can write a letter or fill out a form explaining why the plan should change its decision; this is called filing an appeal.

Copay

An amount of money that a person must pay themselves for health services. Oregon Health Plan members do not have copays. Private health insurance and Medicare sometimes have copays.

Durable Medical Equipment (DME)

Things like wheelchairs, walkers and hospital beds. They are durable because they last a long time. They don't get used up like medical supplies.

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 right. An emergency mental health condition is feeling out of control, or feeling like hurting yourself or someone else.

Emergency Transportation

Using an ambulance or Life Flight to get medical care. Emergency medical technicians (EMT) give care during the ride or flight.

ER and ED

Emergency room and emergency department, the place in a hospital where you can get care for a medical or mental health emergency.

Emergency Services

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

Excluded Services

Things that a health plan doesn't pay for. Services to improve your looks, like cosmetic surgery, and for things that get better on their own, like colds, are usually excluded.

Grievance

A complaint about a plan, provider or clinic. The law says MCEs must respond to each complaint.

Health Insurance

A program that pays for health care. After you sign up for the program, a company or government agency pays for covered health services. Some insurance programs require monthly payments, called premiums.

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 their family. Hospice is flexible and can include pain treatment, counseling and respite care.

Hospital Inpatient and Outpatient Care

Hospital inpatient care is when the patient is admitted to a hospital and stays at least 3 nights. Outpatient care is surgery or treatment you get in a hospital and then leave afterward.

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 accepted by the medical profession as standard treatment.

Network

The medical, mental health, dental, pharmacy and equipment providers that a coordinated care organization (CCO) contracts with.

Network Provider

Any provider in a CCO's network. If a member sees network providers, the plan pays the charges. Some network specialists require members to get a referral from their primary care provider (PCP).

Non-Network Provider

A provider who has not signed a contract with the CCO, and may not accept the CCO payment as payment-in-full for their services.

Physician Services

Services that you get from a doctor.

Plan

A medical, dental, mental health organization or CCO that pays for its members' health care services.

Preapproval (Preauthorization 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.

Prescription Drugs

Drugs that your doctor tells you to take.

Primary Care Provider or Primary Care Physician

Also referred to as a "PCP," this is 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.

Rehabilitation Services

Special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.

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 health care.

Specialist

A medical professional who has special training to care for a certain part of the body or type of illness.

Urgent Care

Care that you need the same day for serious pain, to keep an injury or illness from getting much worse, or to avoid losing function in part of your body.