



MEMBER HANDBOOK

3000 Market Street NE, Suite 228
Salem, Oregon 97301

Toll Free: (800) 538-9604
Local: (503) 581-1407
TTY: (800) 735-2900

www.mdcodental.com

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Special Assistance

Everyone has a right to know about Managed Dental Care of Oregon'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 MDCO Member Services.

Some examples of the free help we can give are:

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

If you need help please contact Member Services:

Call: (800) 538-9604, TTY (800) 735-2900

Email: members@mdcodental.com

Web: www.mdcodental.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) 581-1407. The toll free number is (800) 538-9604, 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) 581-1407, (800) 538-9604, 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 устно позвоните, пожалуйста, в наш Отдел обслуживания по тел. (503) 581-1407, (800) 538-9604, 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 nguai khiem thi, xin qui vi goi den Van Phong Phuc Vu Khach Hang chung toi o so dien thoai mien phi (503) 581-1407, (800) 538-9604 hay so dien thoai danh cho nguai 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 MDCO member services so one can be arranged for you.

Welcome to MANAGED DENTAL CARE OF OREGON

Managed Dental Care of Oregon (MDCO) is a dental care organization (DCO). As a DCO, we contract with the Oregon Health Authority (OHS) and multiple coordinated care organizations (CCO). MDCO delivers dental care to members covered under the Oregon Health Plan. For many years, MDCO has served members of the Oregon Health Plan (OHP). MDCO has a track record of being "user friendly" and doing the right thing for our members.

Mission Statement

Managed Dental Care of Oregon 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

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

Phone

- Phone: (800) 538-9604
- TTY: (800) 735-2900

Internet

- Website: www.mdcodental.com

IMPORTANT: Please do not submit any personal information such as social security number, Oregon Health Plan member number or any personal health information through email. Email is not secure and has the potential to be seen by others. Please call, fax or ensure you are using secure email before sending confidential or protected data.

You can request information on the structure and operation of MDCO by contacting member services.

The Oregon Health Plan

The Oregon Health Plan (OHP) is a program that pays for low-income Oregonians' health care. The State of Oregon and the US Government's Medicaid program pay for it. OHP covers doctor visits, prescriptions, hospital stays, dental care, mental health services, help with addiction to cigarettes, alcohol and drugs, and free rides to covered health care services. 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) wants people on OHP to have their health care managed by private companies set up to do just that. OHA pays managed care companies a set amount each month to provide their members the health care services they need.

Health services for OHP members not in managed care are paid directly by OHA. This is called fee-for-service (FFS) because OHA pays providers a fee for services they provide. It is also called an open card. Native Americans, Alaska natives, people on both Medicare and OHP can be in a CCO, or can ask to change to fee- for-service anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Member Services at (800) 273-0557 can help you understand and choose the best way to receive your health care.

Dental Self Care Plan

Guidelines from the American Dental Association say your oral health plan should include:

1. Brushing your teeth twice a day with fluoride toothpaste.
2. Flossing between teeth daily.
3. Eating a balanced diet and limit between-meal snacks.
4. Visiting your dentist regularly for oral exams.
5. Getting your teeth professionally cleaned.

Getting Dental Care

The basic elements for using your dental benefits are:

1. Eligibility as shown on your Oregon Health ID Card,
2. Finding a participating dental provider and
3. Getting an appointment for services.

Oregon Health Identification Card

The Oregon Health Authority (OHA) will send you an OHP Identification Card. You should keep this card with you and show it to your primary care dentist (PCD) or any other provider. If you lose your Oregon Health ID, contact your Department of Human Services (DHS) worker.

CCO or MDCO Identification Card

MDCO 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.

Renewing Your Eligibility

You need to renew your OHP membership every year. You should be reassigned to the health care networks that have been providing your care. If not, contact OHP Client Services and request to be transferred back to the provider of your choice. You can renew your benefit over the phone at 1-800-699-9075 (TTY 711) or visit OregonHealthCare.gov to find a community partner in your area.

Disenrollment

You may be removed from your dental plan for changes in your personal situation. Moving and getting private insurance are changes that may cause you to no longer be eligible for the Oregon Health Plan.

MDCO or your provider may also ask to remove you from participation if you are abusive to providers or staff; you miss too many appointments; or you commit fraud such as letting someone else use your benefits.

Primary Care Dentist

MDCO is a managed care dental plan. This means each member of your family needs to have a primary care dentist (PCD). Your PCD will provide or refer you to specialists for your dental care.

Choosing a PCD

Use the provider directory on our website for a list of dentists in your area. Or you can ask MDCO for a free copy of the provider list. Call the provider and let them know you are covered by MDCO 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

Although MDCO allows members to change providers twice a year, changes during treatment can be difficult so carefully consider what could happen before requesting a change in your PCD. If you want to change call MDCO for approval. If MDCO has changes which will affect your access to benefits through your PCD we will notify you. The notice will be 30 days prior to the change or as soon as possible.

Appointments

When you are ready to make an appointment, call your PCD. You may call us for assistance if needed. 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.

Rides to Appointments

OHP pays for rides to OHP services. If you cannot get to an appointment on your own, you are likely eligible for non-emergent medical transportation or NEMT. Go to OHP.Oregon.gov and click Rides to appointments or call MDCO member services for assistance.

Specialty Care

Your PCD, if necessary, may request a referral to a specialist. If you go to a specialist without a referral from MDCO you may have to pay the bill.

Specialty care providers are not readily available so keeping your appointment with them is important. A missed appointment could mean a long wait or the specialist will not see you.

Care Coordination

If you are older or have special needs or disabilities, you may be eligible for Intensive Care Coordination Services. This service can help you understand the OHP program. A care coordinator can find a provider best suited for your special needs. They also can coordinate your care among all your healthcare providers. If you feel you need these services, please contact member services.

Second Opinions

You are entitled to a second opinion if you want one. Let your provider know or call MDCO member services.

Rights of Minors (under age 18)

There is a booklet available to learn about the rights of minors who want or need to get health care services on their own. The booklet "Minor Rights: Access and Consent to Health Care" is online at OHP.Oregon.gov. It tells you the types of services young people can get on their own. It explains how minors' health care information may be shared.

Emergency Care

Always call your primary care dentist (PCD) office, first about any dental problem. Someone will be able to help you, 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 about an urgent problem or they can't see you soon enough, you can call us at 1-800-525-6800 and ask to talk to an on call dentist.

If you think that you have a medical emergency call 911 or go to the Emergency Room (ER) at the nearest hospital. 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 a

mental health emergency. Please don't use the ER for things that can be treated in your doctor's office. Sometimes ERs have a long, uncomfortable wait and take hours to see a doctor, so you should only go there when you have to.

A mental health emergency is feeling or acting out of control, or a situation that might 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.

Dental Emergency

A dental emergency is dental care requiring treatment the same day. A dental emergency might be an infection in your mouth, unusual swelling, severe tooth pain that keeps you awake at night or makes it hard to eat, or a tooth that has been knocked out. Pre-approval for emergency services is not required if it will delay treatment.

Although you have the right to use any emergency center it is generally best to call your primary care dentist. If you cannot reach your primary dentist or you do not know who they are call MDCO. MDCO will help you find emergency dental care. Our toll free number 1-800-525-6800 is available 24 hours a day, 7 days a week. If deaf or hearing impaired you can call TTY/Voice number 1-800-735-2900.

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. Ask that dentist to call your PCD or MDCO to coordinate your care.

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. Call your PCD for follow-up care. Follow-up care once you are stable is covered but not considered an emergency. Please get follow-up care from your PCD or regular dentist.

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 primary care dentist (PCD). If you cannot reach your PCD call MDCO.

Your Dental Benefits

Dental services need to be dentally necessary to be covered. Please call us if you have any questions regarding your dental benefits.

Dental Benefits	Limits to Care
Exams, cleanings, x-rays	Once per year for adults. Twice a year for pregnant women and members under 21.
Basic restorative care (Fillings)	No limit.
Dentures and Partial	Only available for qualifying members or incidents Call for details.
Sealants	Every 5 years for children (16 and under) with permanent molars.
Stainless Steel Crowns	For molars (back teeth) only, may require approval.
Extractions (removing teeth)	Extractions for orthodontics are not covered. Wisdom teeth and some other extractions may require approval. This benefit does not apply to orthodontics, which is not covered.
Root Canal Therapy	Yes with limitations. Call for details.
Emergency or Urgent Care	No limit.
Medications	Formulary prescription medications ordered by a contracted dental provider.

Please call MDCO member services if you have questions about covered services and which ones require prior authorization. Your PCD will discuss your treatment plan with you at the time of your visit.

Non-Smoking Programs

Talk to your dentist about services to help you stop smoking. You may also contact the Oregon Quit Line at (800) 784-8669, (855) QUIT-NOW, TTY (877) 777-6534 or online at www.quitnow.net/oregon.

Not Covered Services

Your provider should tell you if a service is not covered. Ask about your choices. There may be times when you want to receive a service that is not covered. You will be responsible to pay for this service. You will need to sign a form before you receive care indicating you will be responsible for payment. The form must be or contain the same information as the "OHP Client Agreement to Pay for Health Services". See <https://apps.state.or.us/Forms/Served/he3165.pdf>.

There may be services from other providers such as hospital, therapy, lab or X-ray that are necessary for the service you want. You will have to pay for these services too. Be sure to find out what these services are and what they will cost.

If you get a bill for a service that you thought was covered, contact MDCO member services. You do not have to pay for covered services provided by a participating provider.

Unfair Treatment

Do you think Managed Dental Care of Oregon or a provider treated you unfairly?

We must follow state and federal civil rights laws. We cannot treat people 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.

To report concerns or get more information, please contact our member services manager.

You also have a right to file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Contact that office one of these ways:

Web: <http://www.hhs.gov/>
Email: OCRComplaint@hhs.gov
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Mail: U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue SW, Room 509F HHH Bldg,
Washington, D.C. 20201

Grievances or Complaints

You can complain or file a grievance if you are unhappy with OHP, MDCO, your dentist or the services you have received. You are also able to get help filing a complaint. Your complaint can be made to MDCO by calling member services, by email or by sending a letter. 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. If more time is needed to resolve the complaint, we will tell you. All information about your complaint will be kept confidential.

Decision Notices

If MDCO denies, stops or reduces a dental service your provider has requested, you will receive a letter, called a Notice of Action Benefit Denial, or Notice of Adverse Benefit Determination (NOABD). It explains why we made the decision.

Appeals

If a service is denied, you may ask to appeal the decision. The NOABD letter will explain how to appeal through MDCO or by requesting a hearing through OHP. You have the right to ask for both a MDCO appeal and a state hearing at the same time. You must make the request within 60 days from the date on the NOABD letter.

When we get an appeal, MDCO will have the decision reviewed by someone who did not participate in the original decision. You will receive a Notice of Appeal Resolution within 16 days. It will tell you if the reviewer agrees or disagrees with the initial decision.

If you believe your dental problem cannot wait for the regular appeal process, you can ask for a fast (expedited) appeal. If approved, we will give you the appeal decision in 3 business days.

Administrative Hearings

If you are not satisfied with the original decision or the appeal, you may request an administrative hearing from the Oregon Health Authority. Your PCD also has the right to appeal denied or limited services if they feel that Managed Dental Care of Oregon's denial or limitation of the services is not correct.

Your Notice of Adverse Benefit Determination letter will have a Hearing Request form that you can send in to ask the state for a hearing. You can also ask us to send you a Hearing Request form, or call OHP Client Services at (800) 273-0557 (TTY/TDD: 711) to ask for a form. There are also instructions on the Notice of Appeal Resolution on how to request an administrative hearing with the Oregon Health Authority.

You must make your request within 120 days from the date of the decision notice (Notice of Action or Notice of Appeal Resolution, whichever is later). If you request a hearing, OHA will schedule a hearing within 90 days of your request.

If you believe your dental complaint or appeal is an emergency and cannot wait for a regular review you can ask for a fast (expedited) appeal or hearing. Tell MDCO or call your DHS worker.

In an administrative hearing DHS holds a formal review of the decision with a judge. At the hearing, you can explain why you do not agree with MDCO's decision. You can tell the judge why the services you or your doctor requested should be covered.

You can name a representative who will speak for you at the hearing. The representative can be anyone you choose, including your provider. Make sure that the representative you name is willing and able to speak on your behalf at the hearing. If you wish to have a representative, complete that section of 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 or someone else help you with the hearing. Neither OHA nor MDCO will pay for the cost of a lawyer. You may be able to get legal help and possible representation 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.

You can ask to have the services continued before your Administrative Hearing is completed. However, if you lose the appeal you will be billed for the services.

Fraud, Waste and Abuse

We are all hurt by fraud, waste and abuse in the health care system. Every dollar that is spent on fraudulent, abusive or wasteful activities is

money that can't be spent where it is needed most. MDCO will help you report suspected cases of fraud to the appropriate agency.

You can report concerns to MDCO member services or the State of Oregon Department of Human Services (DHS) Fraud Investigation Hotline at (888) 372-8301. Calls can be anonymous; you don't have to say who you are.

The law protects people who report fraud and abuse. It is illegal for you to lose your job, lose your coverage or be threatened, harassed or discriminated against for reporting.

Your Health Records are Private – Confidential

It is MDCO's policy to keep your records and information about you confidential. You can request a copy of our confidentiality policy from member services or find it on our website.

A law called the "Health Insurance Portability and Accountability Act (HIPAA)" also protects your medical records and keeps them confidential or private. A notice called "Notice of Privacy Practices" explains in detail your rights to keep your personal information private and how your personal information is used. To get a copy call MDCO member services.

Your provider only shares your health records with those who need to see them for treatment and payment reasons. You can ask your provider for a list of everyone your provider has shared your health records with.

You can limit 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 medical information your provider has about you is not accurate, or something is missing, you may ask your provider to make changes. Send them a letter telling them what you would like to have changed and why you want the change.

Provider Incentives

MDCO does not reward staff for denying prior approval requests. We do not use financial incentives that reward providers for giving less care. You have the right to ask if there are special financial arrangements with our providers that can affect the use of referrals and other services. To find out about our payment arrangements, call MDCO Member Services.

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

Adults 18 years and older can make decisions about their own care, including refusing treatment. It's possible that someday you could become so sick or injured that you can't tell your providers whether you want a certain treatment or not. If you have written an Advance Directive, also called a Living Will, your providers can follow your instructions. If you don't have an Advance Directive, your providers may ask your family what to do. If your family can't or won't decide, your providers will give you the standard medical treatment for your condition. Some providers may not follow Advance Directives. Ask your providers if they will follow yours.

If you don't want certain kinds of treatment like a breathing machine or feeding tube, you can write that down in an Advance Directive. It lets you decide your care before you need that kind of care - in case you are unable to direct it yourself, like if you are in a coma. If you are awake and alert

your providers will listen to what you want.

You can get an Advance Directive form at most hospitals and from many providers. You also can find one online at www.oregon.gov/dcbs/shiba/docs/advance_directive_form.pdf. If you write an Advance Directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them.

If you change your mind, you can cancel your Advance Directive anytime. To cancel your Advance Directive, ask for the copies back and tear them up, or 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 wishes in 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

The "Declaration for Mental Health Treatment" tells what kind of care you want if you cannot make decisions about your mental health care. You can fill it out while you can understand and make decisions about your care. For more information contact your mental health provider or go to <https://www.oregon.gov/oha/HSD/amh/forms/declaration.pdf>.

OHP Ombudsperson

The OHA ombudsperson is available to help you with complains and problems related to your OHP membership. For assistance call (503) 947-2347 or 877-642-0450 or visit their website at

<https://oregonlawhelp.org/resource/oregon-health-authority-ombudsperson>

Your Rights

- Be treated with dignity and respect;
- Be treated by participating providers the same as other people seeking health care benefits to which they are entitled and to be encouraged to work with your care team, including providers and community resources appropriate to your needs;
- Choose a Primary Care Dentist or service site and to change those choices as permitted by administrative policies;
- Refer oneself directly to behavioral health or family planning services without getting a referral from a participating provider;
- Have a friend, family member, your representative, or advocate present during appointments and other times as needed within clinical guidelines;
- Be actively involved in the development of your treatment plan; Be given information about your condition and covered and non-covered services to allow an informed decision about proposed treatments;
- Consent to treatment or refuse services and be told the consequences of that decision, except for court ordered services;
- Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;
- Have written materials explained in a manner that is understandable to you and be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system;
- Receive culturally and linguistically appropriate services and supports in locations as geographically close to where you reside or seek services as possible and choice of providers within the delivery system network that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations;

- 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 necessary and reasonable services to diagnose the presenting condition;
- Receive integrated person-centered care and services designed to provide choice, independence and dignity and that meet generally accepted standards of practice and are dentally appropriate;
- Have a consistent and stable relationship with a care team that is responsible for comprehensive care management;
- Receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources including but not limited to the use of certified or qualified health care interpreters, certified traditional health workers including community health workers, peer wellness specialists, peer support specialists, doulas, and personal health navigators who are part of your care team to provide cultural and linguistic assistance appropriate to your need to access appropriate services and participate in processes affecting your care and services;
- Obtain covered preventive services;
- Have access to urgent and emergency services 24 hours a day, seven days a week without prior authorization;
- Receive a referral to specialty providers for dentally appropriate covered coordinated care services in the manner provided in referral policy;
- Have a clinical record maintained that documents conditions, services received, and referrals made;
- Have access to one's own clinical record, unless restricted by statute;
- Transfer of a copy of the clinical record to another provider;
- Execute a statement of wishes for treatment, including the right to accept or refuse dental, medical, surgical, or behavioral health 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 of an appointment cancellation in a timely manner; and
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion.

Your Responsibilities

- To choose or help with assignment to a PCD.
- To treat the MDCO team, your dentist, and clinic staff with respect.
- To be on time for appointments and to call in advance either to cancel if unable to keep the appointment or if you expect to be late.
- To seek periodic exams and preventive services from your PCD.
- To use a PCD or clinic for diagnostic and other care except in an emergency.
- To obtain a referral to a specialist from the PCD before seeking care from a specialist.
- To use urgent and emergency services appropriately and notify the PCD within 72 hours of an emergency.
- To give accurate information for inclusion in the clinical record.
- To help the practitioner, provider, or clinic obtain clinical records from other providers that may include signing an authorization for release of information.
- To ask questions about conditions, treatments, and other issues related to your care that is not understood.
- To use information to make informed decisions about treatment before it is given.
- To help in the creation of a treatment plan with the provider.
- To follow prescribed, agreed upon treatment plans.
- To tell the practitioner or provider that your health care is covered under OHP before services are received and, if requested, to show the practitioner or other provider the Division Medical Care Identification 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 the PCD in pursuing any third party resources available and to pay the PCD the amount of benefits it paid for an injury from any recovery received from that injury.
- To bring issues or complaints or grievances to the attention of MDCO.
- To sign an authorization for release of medical information when needed to respond to an administrative hearing request.

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.

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.

Rehabilitation services – special services to improve strength, function or behavior, usually after surgery, injury, or substance abuse.

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 – 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.

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.