

FAMILYCARE HEALTH/OHP MEMBER HANDBOOK APRIL 2016



GET MEDICAL CARE

Page 7

GET BEHAVIORAL HEALTH CARE

Page 12

GET DENTAL CARE

Page 14

GET PRESCRIPTION DRUGS

Page 15

MEAL IDEAS, WORKOUT TIPS, AND MORE

Page 31



Phone Numbers and Contact Information

FamilyCare Health

Member Services

Toll-Free: 800-458-9518

Local: 503-222-2880

TTY: 711

Fax: 503-345-5720

Hours: Monday through Friday 8 a.m. to 5 p.m.

Saturday and Sunday 9 a.m. to 5 p.m.

Office Location/Mailing Address

825 NE Multnomah St., Suite 1400

Portland, Oregon 97232

Website

www.familycareinc.org

Mobile App

The free FamilyCare Health mobile app is available at Google Play (Android phones) or the App Store (iPhones).

Oregon Health Plan

OHP Customer Service

(for eligibility and application questions)

800-699-9075

OHP Client Services Unit

(for questions about benefits, your welcome packet, or ID cards)

800-273-0557

Website

www.oregon.gov/oha/

Mental Health Crisis Lines

Clackamas County: 503-655-8585

Multnomah County: 503-988-4888 or toll-free 800-716-9769

Washington County: 503-291-9111

Marion County: 503-585-4949

Dental Plans

Access Dental Plan

www.accessdentalplan.net

877-213-0357

503-445-9056

Capitol Dental Care

www.capitoldentalcare.com

800-525-6800

Managed Dental Care of Oregon

800-538-9604

503-581-1407

ODS Community Health

www.modahealth.com

800-342-0526

503-243-2987

Family Dental Care

www.familydentalcareinc.com

503-644-1110

Willamette Dental

www.willamettedental.com

855-433-6825 opt 1

503-952-2100

CareOregon Dental

www.careoregon.org

503-416-1444

888-440-9912

Advantage Dental

www.advantagedentalservices.com

866-268-9631

INTERPRETER SERVICES

If you need FamilyCare Health written materials in another language, large print, Braille, CD, tape, or other format, please call us at 503-222-2880, 800-458-9518, or TTY 711. You can also call us to have another copy of the member handbook mailed to you. To view the member handbook electronically, go to www.familycareinc.org.

You can have a voice or sign language interpreter at your appointments if you want one. When you call for an appointment, tell your provider's office that you need an interpreter and in which language. Information on health care interpreters is at www.Oregon.gov/oha/oei.

Si necesita los materiales impresos de FamilyCare Health en otro idioma, letra grande, Braille, CD, cinta de audio u otro formato, llámenos al número 503-222-2880, 800-458-9518, o TTY 711. También puede llamarnos para que le enviemos por correo postal otra copia del manual para miembros. Para ver el manual para miembros de forma electrónica, ingrese a www.familycareinc.org.

Si desea, puede tener presente durante sus citas a un intérprete y de que idiomas o para sordomudos. Cuando llame para concertar una cita, indíquelo al consultorio del proveedor que necesita un intérprete y para qué idioma. Hallara información sobre intérpretes especializados en el Cuidado de Salud en www.Oregon.gov/oha/oei.

Если вам необходимы материалы FamilyCare Health на другом языке, крупным шрифтом, шрифтом Брайля, на компакт-диске, кассете или в другом формате, пожалуйста, позвоните нам по телефонам 503-222-2880, 800-458-9518 или наберите номер телетайпа (TTY) 711. Вы также можете позвонить нам, чтобы попросить выслать вам по почте еще одну копию справочника участника. Чтобы ознакомиться со справочником участника в электронной форме, посетите веб-сайт www.familycareinc.org.

По вашему желанию на встрече может присутствовать переводчик иностранного языка или для глухих. При назначении приема сообщите персоналу о необходимости присутствия переводчика и язык, на котором вы говорите. Информацию о переводчиках в сфере здравоохранения вы сможете найти на сайте www.Oregon.gov/oha/oei.

Nếu quý vị cần tài liệu văn bản của FamilyCare Health bằng ngôn ngữ khác, in khổ chữ lớn, chữ nổi Braille, CD, băng âm hoặc hình thức khác, xin gọi điện thoại cho chúng tôi theo số 503-222-2880, 800-458-9518, hoặc TTY 711. Quý cũng có thể gọi cho chúng tôi để yêu cầu gửi bản sao cuốn cẩm nang thành viên qua đường bưu điện cho quý vị. Để xem cuốn Cẩm Nang Thành Viên theo phương thức điện tử, vui lòng truy cập www.familycareinc.org.

Quý vị có thể có một thông dịch viên âm thoại hoặc ra dấu tay tại buổi hẹn, nếu quý vị muốn. Khi quý vị gọi điện thoại để lên lịch hẹn, hãy cho văn phòng nơi cung cấp dịch vụ biết quý vị cần một thông dịch viên với ngôn ngữ nào. Thông tin về thông dịch viên của Health Care hiện có tại www.Oregon.gov/oha/oei.

TABLE OF CONTENTS

FAMILYCARE MEMBER HANDBOOK

WELCOME TO FAMILYCARE HEALTH

Your Member ID Cards.....	4
What is a CCO?.....	5
What is OHP?.....	5
What are Managed Care and Fee-For-Service?.....	5
Enrollment Requirements for American Indian and Alaska Native Members.....	5
How Does FamilyCare Health Coordinate My Health Care?.....	6
Preventive Care.....	6
Patient-Centered Primary Care Homes.....	6
Intensive Care Coordination Services.....	6
Care Helpers.....	6
Culturally Sensitive Health Education.....	6
Community Advisory Council.....	6

GET MEDICAL CARE

Your Primary Care Provider.....	7
Specialists.....	7
Urgent Care.....	8
Emergencies.....	8
Covered Medical Benefits.....	9

GET BEHAVIORAL HEALTH CARE

Your Behavioral Health Provider.....	12
Get Help Quitting Tobacco or Other Substances.....	12
Special Help for Adults and Children.....	12
Behavioral Health Crisis Care.....	12
Covered Behavioral Health Benefits.....	13

GET DENTAL CARE

Your Dental Provider.....	14
Urgent Dental Care.....	14
Emergency Dental Care.....	14
Covered Dental Benefits.....	14

Additional Resources:

Information available upon request including structure and operation of the CCO, Physician incentive plans

Get healthy at home! Learn new exercises, keep track of your prescriptions,

TABLE OF CONTENTS

GET PRESCRIPTION DRUGS

Prescription Drug Coverage.....	15
What if a Pharmacy Will Not Fill My Prescription?.....	15
Behavioral Health Prescriptions.....	15

MORE ABOUT GETTING CARE

Referrals.....	16
Second Opinions.....	16
Getting Care While Out of Town.....	16
Making and Missing Appointments.....	16
Getting a Ride To Covered Appointments.....	16
Members with Medicare and Medicaid.....	16

PAYING FOR CARE

If You Receive a Bill.....	17
Bills from Hospitals or Doctors.....	17
Responsibility for Payment.....	18

MORE INFORMATION FOR MEMBERS

OHP Member Rights and Responsibilities.....	19
Your Medical Records.....	20
Advance Directives (Living Wills).....	20
Declaration for Mental Health Treatment.....	21
How to Change Coordinated Care Organizations (CCOs).....	22
Disenrollment.....	22
Non-Discrimination Policy.....	22

GRIEVANCES AND APPEALS

How to Make a Complaint or Grievance.....	23
Appeals and Hearings.....	23
How to Appeal a Decision.....	23
If You Need a Fast Appeal.....	24
Provider Appeals.....	24
How to Get an Administrative Hearing.....	24
How to Get a Fast (Expedited) Hearing.....	24

NOTICE OF PRIVACY PRACTICES

FamilyCare Privacy Practices.....	25
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WORDS TO KNOW

Common Words and Definitions.....	37
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and find new meal ideas. Tear out pages 31 to 34 to find out how.

WELCOME TO FAMILYCARE HEALTH

Welcome to FamilyCare Health



Thank you for choosing FamilyCare Health. We are an organization that coordinates care for people getting their health insurance through the Oregon Health Plan (OHP).

There is a lot to know and do when you sign up for a new health plan. This handbook has information about the medical, behavioral health, dental, and prescription drug services you can get. It also has important facts about being a member of our health plan. If you need copies of this handbook or have questions, please visit our website or call us at 800-458-9518.


Your Member ID Cards

You will need to bring your Oregon Health Plan (OHP) and FamilyCare Health ID cards to all medical, dental, and behavioral health appointments. You will also need to bring these ID cards when picking up prescription drugs at a pharmacy.

When you join OHP, the Oregon Health Authority will mail you a welcome packet that includes your Oregon Health ID card and a welcome letter, or OHP coverage letter, that includes information about your benefits. These benefits include medical services, appointments, and other offerings paid for by FamilyCare Health and the Oregon Health Plan.

Oregon Health ID	
Jane Doe Client ID #: XX12345XX	Clients - Coverage questions? Call 800-273-0557
Date card issued: 01/01/15  	Providers - This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864. Billing questions? Call 800-336-6016

Your FamilyCare Health ID card will arrive in the mail soon after signing up for our plan. If you do not receive a card or need to replace your card, please call us at 800-458-9518. You can also see your card on the FamilyCare Health mobile app. Get the app from Google Play (Android phones) or the App Store (iPhones).

 FamilyCare OHP	<p>*In an emergency, go to the nearest hospital or call 911. Call your PCP or PCD within 24 hours of receiving emergency care. *Services without referral or authorization may not be paid by FamilyCare. *Send claims to: FamilyCare Health Plans, PO Box 5930, Salem, OR 97304 1-800-458-9518/503-222-2880 TTY: 711 This card does not guarantee coverage.</p>
Enrollee: JOHN DOE DOB: 5/1/1970 I.D.#: 00000000 Eff: 1/1/2015 Rx Group: Group# Rx PCN: Rx BIN: Eligibility verification required. Special benefits apply. Attention Physician: Pre-authorization Required (see reverse)	

WELCOME TO FAMILYCARE HEALTH

What is a Coordinated Care Organization (CCO)?

FamilyCare Health is a CCO. We contract with, or work with, healthcare providers who care for people with OHP. Our members live in Clackamas, Multnomah, and Washington counties, and a small part of Marion County. Our contracted healthcare providers, hospitals, and social agencies work together to deliver care and meet members' needs.

What is the Oregon Health Plan (OHP)?

OHP is a program that pays for low-income Oregonians' health care. The state of Oregon and the U.S. Government's Medicaid program pay for it. OHP covers (pays for):

- doctor visits
- prescriptions
- hospital stays
- some basic dental care
- some basic vision care for children under age 21 and pregnant women
- mental health services
- help with addiction to cigarettes, alcohol, and drugs
- transportation to healthcare appointments

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

OHP does not cover all medical care. A list of covered diseases and conditions, called the Prioritized List of Health Services, is at www.oregon.gov/OHA/OHPR/HERC. There are other diseases and conditions that are usually not covered by OHP. Sometimes a non-covered condition will be covered. For example, if someone has two conditions, and the covered condition could get better if the non-covered condition is treated, OHP may choose to cover that condition.

What are Managed Care and Fee-For Service?

Coordinated Care Organizations (CCOs) are a type of managed care. The Oregon Health Authority (OHA) wants Oregon Health Plan (OHP) members to have their health care managed by private companies. OHA pays managed care companies a set amount each month to provide their members with needed healthcare services.

Health services for OHP members not in managed care are paid by OHA, called fee-for-service (FFS) OHP. Native Americans and Alaska natives with OHP can choose to receive managed care or FFS OHP. People with both Medicare and OHP can change from a CCO to FFS OHP anytime. Any CCO member who qualifies for FFS can ask to leave managed care. CCOs sometimes provide services that FFS OHP does not. Call OHP Client Services for help choosing the best option for you: 800-273-0557.

Enrollment Requirements for American Indian and Alaska Native Members

American Indians and Alaska natives can receive their care from an Indian Health Service (IHS) clinic or tribal wellness center. This is true whether you are in a CCO or have FFS (fee-for-service) OHP.

WELCOME TO FAMILYCARE HEALTH

How Does FamilyCare Health Coordinate My Health Care?

FamilyCare Health brings together medical, behavioral health, dental, and other health services. Our goal is to help you stay healthy, prevent disease, and manage chronic disease. We remove barriers to healthcare services by developing strong relationships with members and providers.

Here are some of the types of care that FamilyCare Health covers (pays for) for its members:

Preventive Care. This care is to help you stay healthy and avoid serious illness. Preventive care benefits include:

- Annual exams
- Immunizations (shots), including well-child, flu, and pneumonia vaccines
- Pregnancy care
- Mammograms (breast x-rays) for women
- Pap tests for women
- Prostate exams for men
- Well-child exams for babies, children, and teens
- Behavioral health and chemical dependency treatment
- Screening, or testing, for anxiety and depression
- Screening, or testing, for sexually transmitted diseases (STDs)
- Counseling services to help you quit using tobacco

Patient-Centered Primary Care Home (PCPCH). FamilyCare Health encourages our providers to be recognized by the Oregon Health Authority (OHA) as a patient-centered primary care home (PCPCH). These providers can receive extra funds to follow their patients closely and make sure all their medical, dental, and mental health needs are met. You can ask at your clinic or provider's office if it is a PCPCH.

Care Helpers. There may be times when you need help getting the right care. Your primary care team may have people specially trained to do this. These people are called Care Coordinators, Community Health Workers, Peer Wellness Specialists, and Personal Health Navigators. Please call us for more information.

Intensive Care Coordination Services. Members with complex needs, including but not limited to persons age 65 or older, persons with disabilities, and children in foster care, can get extra assistance navigating the healthcare system. Call FamilyCare Health for more information: 800-458-9518.

Culturally Sensitive Health Education. We respect the dignity and the diversity of our members. We want to make sure our services address the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientations, and other special needs. We have several healthy living programs and activities for you to use. Our health education programs include self-care, prevention, and disease self-management. For more information about these services, please call us at 800-458-9518.

Community Advisory Council. FamilyCare Health has a Council that tells us about the wants and needs of the communities we serve. We invite you to apply to serve on the Council. Most Council members are OHP members. Other members are from government agencies and groups that provide OHP services. If you want to join the Community Advisory Council, please call us for an application or visit our website: 800-458-9518 or www.familycareinc.org.

GET MEDICAL CARE

Get Medical Care

You will get all (or nearly all) of your medical care from a FamilyCare Health contracted provider. We use the term “provider,” a lot in this booklet. Your provider may be a doctor, nurse practitioner, behavioral health professional, dentist, or other health professional who gives you care.

When a provider is a “contracted provider” it means that he or she has signed an agreement with us to offer services to our members. You can find a list of all of our contracted providers at <https://apps.familycareinc.org/providerdirectory/> or on the free FamilyCare Health mobile app. A provider who does not have a signed contract with us is a “non-contracted provider.” We may not be able to cover, or pay for, services from a non-contracted provider unless it’s an emergency or we tell you it’s okay first.

Your Primary Care Provider

This is usually the first provider you will meet with when you need care. You will want to make an appointment with your primary care provider (PCP) when you are sick or need a checkup. You are assigned a PCP when you join FamilyCare Health. To make an appointment with your PCP, call your PCP’s office. Not all providers accept new patients. Call us if you need help making an appointment, to find out the name of your PCP, or to change PCPs: 800-458-9518.

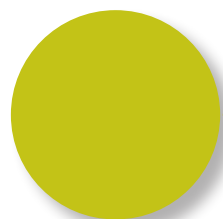
If you are new to FamilyCare Health and have a PCP who is not a contracted provider, you can ask for authorization (approval) from FamilyCare Health to continue seeing that provider for up to 120 days. This gives you time to find a provider who is contracted with FamilyCare Health.

Specialists

A specialist is a provider who treats just certain health problems. For instance, a specialist may treat joint pain, heart problems, or kidney disease. Your PCP will most often be the one who decides if you need to get care from a specialist. This is called a referral. Your PCP might make a written referral or call the specialist. Some referrals also require approval, or authorization, from FamilyCare Health. You can find a chart starting on page 9 that shows which services require referral or authorization.

Here is more to know about getting care from a specialist:

- To find a contracted specialist please call us at 800-458-9518, go to <https://apps.familycareinc.org/providerdirectory/>, or use the FamilyCare Health app. Not all specialists see new patients.
- You can get women’s health and family planning services from your PCP or a women’s health provider, such as an OB/GYN, or another provider who accepts the Oregon Health Plan. You do not need a referral for these services. You can also visit a county health department or a family planning clinic.
- If you are in active treatment with a non-contracted specialist, the specialist must contact FamilyCare Health or your PCP to get a referral for continued treatment. Active treatment means you got care from this specialist within the last 12 months for the same or a related condition. You may have to pay for



GET MEDICAL CARE

services if the visit was not approved before seeing a non-contracted provider.

Urgent Care

Some illnesses or injuries are urgent, meaning you should get care from a provider the same day. Urgent illnesses and injuries include:

- Sprains
- Severe infections
- Earache

Call your PCP if you need urgent care. If your PCP cannot give you care, go to an urgent care clinic. You can find a list of contracted clinics at <https://apps.familycareinc.org/providerdirectory/> or via the free FamilyCare Health mobile app.

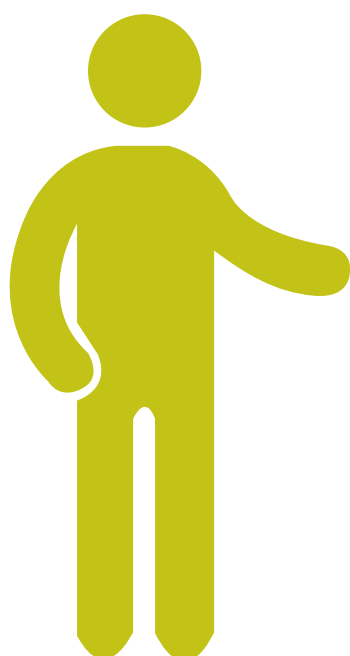
Emergency Care

Call 911 or go to the Emergency Room (ER) at the nearest hospital if you think you are having a real emergency. You do not need permission to get care in an emergency. An emergency might be:

- Chest pain
- Trouble breathing
- Bleeding that will not stop
- Broken bones
- A mental health emergency

Do not use the ER for things that can be treated in your primary care provider's office. Sometimes ERs have long wait times and it can take hours to see a provider. Only go to the ER when you have to. FamilyCare Health will pay for appropriate ambulance transportation in emergencies.

Emergency care is covered until you are stable. Once you are stable, call your primary care provider (PCP) or mental health provider for follow-up care.



See “Getting Care While Out of Town,” on page 16, to find out what to do if you get sick while away.

GET MEDICAL CARE

Covered Medical Benefits

“Covered Medical Benefits” is a term we use to describe the medical services, appointments, and other offerings that are covered, or paid for, by FamilyCare Health and the Oregon Health Plan (OHP). OHP decides which benefits are available to members. Many, but not all, healthcare services are covered.

The benefits listed below apply to most, but not all, members. For a benefit to be covered you must see a contracted provider, or one who has agreed to see our members. Seeing a non-contracted provider requires prior authorization, or approval, from FamilyCare Health. Benefits are subject to change. To confirm your benefits, please contact FamilyCare Health at 503-222-2880 or 800-458-9518 toll-free (TTY 711).

Doctor Visits	Your Cost	Authorization/Referral	Limits to Care
Primary care provider	\$0	Not required	No limit with assigned PCP
Specialist	\$0	Referral required from your PCP, except for dental, women’s health, or behavioral health providers	Number of visits based on plan’s approval
Preventive Services	Your Cost	Authorization/Referral	Limits to Care
Well-child visits for babies, children, and teens	\$0	Not required	As recommended
Routine physicals	\$0	Not required	As recommended
Well-women visits	\$0	Not required	As recommended
Mammograms (breast x-rays) for women	\$0	Referral required	As recommended
Family planning	\$0	Not required	No limit
Prostate exams for men	\$0	Not required	No limit
Screening for sexually transmitted diseases (STDs)	\$0	Not required	No limit
Testing and counseling for AIDS and HIV	\$0	Not required	No limit
Prescription Drugs (up to a 30-day supply)	Your Cost	Authorization/Referral	Limits to Care
Many but not all drugs are available with a provider’s prescription. A full list can be found in our Medicaid formulary. (See page 15 to learn more.)	No cost for covered drugs. Mental health drugs are managed by the state. Copays for those drugs vary. (See page 15 to learn more.)	Some drugs may require authorization in addition to a prescription.	No limit with a prescription and authorization, if required. If a drug requiring authorization is denied, it will not be covered

GET MEDICAL CARE

Covered Medical Benefits (continued)

Laboratory and X-Ray	Your Cost	Authorization/Referral	Limits to Care
Blood draw	\$0	Referral required	No limit
X-Rays	\$0	Referral required	No limit
CT scans	\$0	Referral required	No limit
MRIs	\$0	Referral required	No limit
Immunizations/Shots	Your Cost	Authorization/Referral	Limits to Care
Vaccines	\$0 for recommended vaccines	Not required for recommended vaccines	Vaccines must be given at your provider's office. Flu shots may be given at another location such as a pharmacy or a health department
Pregnancy Care	Your Cost	Authorization/Referral	Limits to Care
Prenatal visits with your provider	\$0	Not required	No limit
Postpartum care (the care you get after your baby is born)	\$0	Not required	No limit
Routine vision services	\$0	Contact VSP (www.vsp.com or 800-877-7195)	Available for pregnant women and children 20 years and younger
Assistance with breast feeding, including breast pumps	\$0	Not required	Contact FamilyCare Health for more details
Circumcisions for boys	\$0	Not required	Done within 90 days of birth
Labor and Delivery	Your Cost	Authorization/Referral	Limits to Care
Our BabyCare program can help pregnant members get prepared for baby	\$0	Not required	Please let FamilyCare Health and the Oregon Health Authority know when you are expecting and when your pregnancy has ended. You will need to separately apply for OHP for your child. Home births are not covered. Please contact OHP Client Services for home birth options
Hospital Stays	Your Cost	Authorization/Referral	Limits to Care
Emergencies	\$0	Not required	No limit
Scheduled surgery	\$0	Authorization required	No limit

GET MEDICAL CARE

Covered Medical Benefits (continued)

Therapy	Your Cost	Authorization/Referral	Limits to Care
Physical therapy (PT)	\$0	Authorization required	Up to 30 combined visits (PT, OT, and ST) allowed per calendar year with covered medical condition
Occupational therapy (OT)	\$0	Authorization required	Up to 30 combined visits (PT, OT, and ST) allowed per calendar year with covered medical condition
Speech therapy (ST)	\$0	Authorization required	Up to 30 combined visits (PT, OT, and ST) allowed per calendar year with covered medical condition
Vision	Your Cost	Authorization/Referral	Limits to Care
Eye exams	\$0	Contact VSP (www.vsp.com or 800-877-7195)	Available for pregnant women and children 20 years and younger
Eye glasses	\$0	Contact VSP (www.vsp.com or 800-877-7195)	Available for pregnant women and children 20 years and younger
Medical eye exams	\$0	Authorization required	Number of visits based on plan's approval
Specialty Services	Your Cost	Authorization/Referral	Limits to Care
Medical equipment and supplies	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Hearing aids and exams	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Home health	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Skilled nursing facilities	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Hospice	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Chiropractor	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Acupuncture	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details

GET BEHAVIORAL HEALTH CARE

Get Behavioral Health Care

“Behavioral health care” refers to mental health care as well as support for treating addictions. These services are available to all Oregon Health Plan members.

Your Behavioral Health Provider

A behavioral health provider is a medical professional who treats mental health concerns. He or she can help you with problems such as depression, anxiety, family concerns, and difficult behaviors. A behavioral health provider may do a mental health assessment to find out what kind of help you need. This can include counseling, therapy, case management, care in a psychiatric hospital, or another behavioral health service.

You do not need a referral from your primary care provider to see a contracted behavioral health provider (someone who has agreed to see FamilyCare Health members). You can find a list of all of our contracted providers at <https://apps.familycareinc.org/providerdirectory/> or via the free FamilyCare Health mobile app.

Get Help Quitting Tobacco or Other Substances

FamilyCare Health offers its members help with drug and alcohol addictions. Your primary care provider (PCP) or a behavioral health provider may give you this help. Members who want to stop using tobacco can contact the Quit for Life program for more options. Call Quit4Life: 866-QUIT-4-LIFE (866-784-8454).

Special Help for Adults and Children

The Adult Mental Health Initiative (AMHI, or “Aim High”) is a program that helps adults in residential settings get the mental health care they need. It also helps adults get more, and better, community mental health services. The Aim High goal is to keep people healthy outside the state hospital.

Integrated Services Array (ISA) is a program of intensive services for children with mental illness. The goal is to keep children safe at home, in school, and in the community. Most children in ISA are 10 to 15 years old. To learn more about AMHI or ISA, call FamilyCare Health at 800-458-9518.

Behavioral Health Crisis Care

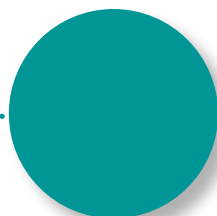
Get help right away if you are feeling in crisis. Do not wait until there is real danger. Call your local Behavioral Health Crisis Hotline:

Clackamas County Crisis Hotline: 503-655-8585

Multnomah County Crisis Hotline: 503-988-4888 or toll-free 800-716-9769

Washington County Crisis Hotline: 503-291-9111

Marion County Crisis Hotline: 503-585-4949



GET BEHAVIORAL HEALTH CARE

Covered Behavioral Health Benefits

“Covered Behavioral Health Benefits” is a term we use to describe the behavioral health services, appointments, and other offerings that are covered, or paid for, by FamilyCare Health and the Oregon Health Plan (OHP). OHP decides which benefits are available to members. Many, but not all, healthcare services are covered.

The benefits listed below apply to most, but not all, members. For a benefit to be covered you must see a contracted provider, or one who has agreed to see our members. Seeing a non-contracted provider requires prior authorization, or approval, from FamilyCare Health. Benefits are subject to change. To confirm your benefits, please contact FamilyCare Health at 503-222-2880 or 800-458-9518 toll-free (TTY 711).

Mental Health	Your Cost	Authorization/Referral	Limits to Care
Outpatient Counseling/Therapy	\$0	Not required	No limit
Exceptional Needs Services	\$0	Authorization required	Call FamilyCare Health for details
Alcohol and Drug Services	Your Cost	Authorization/Referral	Limits to Care
Counseling/Therapy	\$0	Not required	Members can choose a contracted provider
Residential Treatment	\$0	Authorization required	Approval based on OHP guidelines. Call FamilyCare Health for details
Detox	\$0	Not required	Self referral to contracted providers



Do you have questions about prescription drugs used to treat behavioral health problems? See page 15 for more information.

GET DENTAL CARE

Get Dental Care

Most FamilyCare Health members can get some types of dental care. This care is managed by a dental plan the same way FamilyCare Health manages other parts of your care.

Your Dental Provider

You will see your dental provider for routine dental care such as cleanings or fillings. If you are pregnant or under 18 you may have additional benefits. Call your dental plan to get the name of your dental provider. Call FamilyCare Health if you do not know your dental plan: 800-458-9518.

Urgent Dental Care

An urgent dental problem includes swollen gums and toothaches that must be seen within 72 hours. Call your dental provider if you need urgent dental care.

Dental Emergency Care

A dental emergency is dental care requiring treatment within 24 hours such as a knocked-out tooth. For a dental emergency, call your dental provider. If your dental provider cannot see you, call your dental plan.

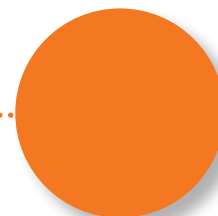
Covered Dental Benefits

“Covered Dental Benefits” is a term we use to describe the dental services, appointments, and other offerings that are covered, or paid for, by FamilyCare Health and the Oregon Health Plan (OHP). OHP decides which benefits are available to members. Many, but not all, healthcare services are covered.

The benefits listed below apply to most, but not all, members. For a benefit to be covered you must see a contracted provider, or one who has agreed to see our members. Seeing a non-contracted provider requires prior authorization, or approval, from FamilyCare Health. Benefits are subject to change. To confirm your benefits, please contact FamilyCare Health at 503-222-2880 or 800-458-9518 toll-free (TTY 711).

Dental Health	Your Cost	Authorization/Referral	Limits to Care
Exams, cleaning, and x-rays	\$0	Not required	One annual exam for adults; two for children under 18; follow-up care allowed
Basic restorative care such as a filling	\$0	Not required	No limit
Extractions (removing teeth)	\$0	Authorization required for wisdom teeth. Not required for other services	Wisdom teeth are a limited benefit. Not covered for orthodontics. No limit for other services
Complex restorative care like dentures	\$0	Authorization required	Only available for qualifying members or incidents. Call FamilyCare Health for details

See “Getting Care While Out of Town,” on page 16, to find out what to do if you have a dental problem while away.



GET PRESCRIPTION DRUGS

Get Prescription Drugs

The Oregon Health Plan (OHP) and FamilyCare Health cover (pay for) many, but not all, prescription drugs.

Prescription Drug Coverage

FamilyCare Health's formulary is a list of medications that we cover. Call us if you have questions or see our formulary at www.familycareinc.org/explore/find-an-ohp-drug.

If your medication is not in our formulary, it most likely is not covered. Ask your provider about other medication choices. You can also ask that FamilyCare Health make an exception and cover that drug for you. To request an exception, ask your provider to contact FamilyCare Health. Please know that you may have to pay the cost of filling a prescription for a drug that is not in the formulary.

Talk with your provider if you have questions about your prescriptions.

What if a pharmacy will not fill my prescription?

Call us to find a contracted pharmacy (a pharmacy that fills prescriptions for our members). You can also go to the "Find a Pharmacy" page of our website at www.familycareinc.org.

You may need prior approval if a contracted pharmacy will not fill your prescription. To get prior approval, your provider needs to fax paperwork to FamilyCare Health. Call your provider's office right away or ask the pharmacy to call your provider. Without prior approval, FamilyCare Health will not pay for certain medications.

Behavioral Health Prescriptions

Most medications for behavioral health problems are paid for by fee-for-service (FFS) OHP. Please show your pharmacist your Oregon Health ID and your FamilyCare Health ID cards. The pharmacy will know where to send the bill.



Use the Drug Formulary

To see if a drug is covered, turn to the back of the formulary (the list of medications that we cover) and search for the drug in the index.

- If the drug is listed, it is covered.
- If the drug isn't listed, it is most likely not covered.

Some drugs have limitations. If you see bright red letters such as "QL" or "SP" next to a drug name, please turn to the beginning of the formulary to find out what these letters mean.

To the right of the drug name you may see details about drug type or amount, such as "tabs" or "5mg." If these are listed, this is the only version of the drug covered by FamilyCare Health.

MORE ABOUT GETTING CARE

More About Getting Care

Referrals and Authorizations

A provider must make a referral (request) for certain services. Some referrals also require authorization (approval) from FamilyCare Health.

To learn more about referrals and authorizations, go to “Get Medical Care” on page 7.

To find out which services require referral or authorization, see:

- Page 9 for Covered Medical Benefits
- Page 13 for Covered Behavioral Health Benefits
- Page 14 for Covered Dental Health Benefits

Except in emergencies, you need an authorization before getting care from a non-contracted provider. You may have to pay for these services if your visit was not authorized before the appointment.

Second Opinions

A second opinion is when you ask another provider to review your treatment options and recommend care. FamilyCare Health covers the cost of getting a second opinion. Talk with your Primary Care Provider (PCP) if you want a second opinion. He or she can make a referral to a contracted provider. If you want a second opinion from a non-contracted provider, you need to first get authorization from FamilyCare Health.

Getting Care While Out of Town

If you need urgent care when you are out of town, but still in the United States, find a nearby provider who can give you care right away. Ask that provider to call your PCP and arrange follow-up care.

If you need emergency medical or behavioral health care, go to the nearest Emergency Room (ER). OHP covers the cost of emergency care all across the United States, but not outside the U.S. For instance, OHP will not pay for any care you get in Mexico or Canada. For an emergency in the United States, your care will be covered until your health is stable. Call your PCP to arrange follow-up care after the emergency.

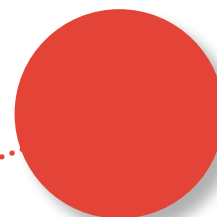
OHP does not cover the cost of dental treatment when you are out of town. If you have a dental problem while away, please call your dental provider for an appointment when you return. If you have a true dental emergency, such as a knocked-out tooth, you can visit the nearest ER.

Get a Ride to Covered Appointments

If you need help getting to a covered appointment, call Ride To Care: 855-321-4899 toll-free or 503-416-3955 (TTY 711). Or, visit the Ride To Care website: www.ridetocare.com. Rides are available from 6:30 a.m. to 8:30 p.m., Monday through Saturday. Please call Ride To Care at least 2 business days before an appointment. Ride To Care will choose the best type of ride for you.

Members with Medicare and Medicaid

If you are an OHP member who is also enrolled in Medicare, some of your benefits will be different from those described in this handbook. You may have access to additional care and services. For more information, call FamilyCare Health at 800-458-9518.



PAYING FOR CARE

Paying for Care

Oregon Health Plan (OHP) members do not pay bills for covered services, or services OHP has agreed to pay for. But, there are times when you may have to pay for your own care. For instance:

- You may have to pay for services that are covered by OHP if you see a provider that does not take OHP or is not contracted with FamilyCare Health.
- Before you get medical care or go to a pharmacy, make sure that they are contracted with us. If not, you may be required to pay for your care.
- You will have to pay for services if you were not eligible for OHP when you received the service.
- You will have to pay for services not covered by OHP if you sign an Agreement to Pay form for that service before you received it. (This form is a waiver saying that you agree to pay the bill yourself.)
- Even if your service is covered by OHP, you may have to pay a copayment. While you cannot be denied services if you cannot pay the copayment, you will still owe the money to your provider.

If You Receive a Bill

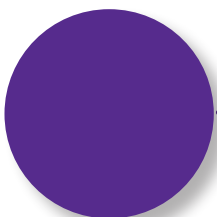
Do not ignore medical bills. Call us right away if you receive a bill, even if you do not think you have to pay it. Some providers send unpaid bills to collection agencies and even take people to court to get paid. It is much harder to fix such problems after they happen. Here is what to do if you have OHP and get a bill:

1. Call the provider, tell them that you had OHP, and ask them to bill FamilyCare Health.
2. Call us right away: 800-458-9518 or 502-222-2880. We will help you get the bill cleared up. Do not wait until you get more bills.
3. You can appeal by sending your provider and FamilyCare Health a letter saying that you do not agree with the bill because you had OHP at the time of the service. Keep a copy of this letter.
4. Call or write to make sure we paid the bill.
5. If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline for legal advice and help: 800-520-5292. There are consumer laws that can help you when you are wrongfully billed while on OHP.

Bills from Hospitals or Doctors

When in the hospital or at the emergency room, you may be treated by a non-contracted provider. For instance, the emergency room doctors may have their own practice and just provide services in the emergency room. If so, they may send you a bill. Or if you have surgery, you might get bills not only from the hospital, but also the surgeon, lab, radiologist, or anesthesiologist. Just because FamilyCare Health pays the hospital, it does not mean that we paid the others.

Do not ignore bills from providers who treated you in the hospital. If you get these bills, call each provider and ask them to bill your Coordinated Care Organization (CCO). Learn more by reading the “If You Receive a Bill” section (see above). Then follow steps 1 through 5 for each bill you get.



BILLING INFORMATION

Responsibility for Payment

OHP members do not pay bills for covered services. Your medical provider can send you a bill only if all of these items below are true:

1. Your OHP plan does not cover the medical service you received.
2. Before you received the service, you signed a valid Agreement to Pay form (also called a waiver).
3. This Agreement to Pay form showed an estimated cost of the service.
4. This Agreement to Pay form stated that OHP does not cover the service.
5. This Agreement to Pay form stated you agree to pay the bill yourself.

Always show your FamilyCare Health ID card when you get treatment from a provider. These protections usually only apply if the medical provider knew or should have known you had OHP. These protections apply if the provider participates in the OHP program.

Mistakes sometimes happen. Perhaps your medical provider did not get paid because he or she did not complete all of the needed papers. That does not mean you have to pay. If you already received a service and we refuse to pay your medical provider, your provider cannot bill you. We may send you a notice stating that we will not pay for that service. That notice does not mean you have to pay. Instead, the provider will “write off” (not ask you to pay) the charges on the bill.

If FamilyCare Health or your provider tells you a service is not covered by OHP, you can challenge that decision by filing an appeal and asking for a hearing. See “Grievances and Appeals” on page 23.



Did you get a medical bill?
We can help. Call us at
800-458-9518.

MORE INFORMATION FOR MEMBERS

More Information for Members

OHP Member Rights and Responsibilities

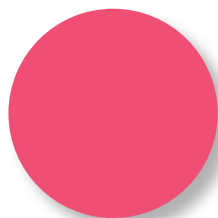
As an Oregon Health Plan (OHP) client, you will be:

- Treated with respect and dignity, the same as other patients
- Free to choose your provider
- Urged to tell your provider about all your health concerns
- Able to have a friend or helper come to your appointments, and an interpreter if you want one
- Able to actively help develop your treatment plan
- Told about all of your OHP-covered and non-covered treatment options
- Allowed to help make decisions about your health care, including refusing treatment, without being held down, kept away from other people, or forced to do something you do not want to do
- Free from any form of restraint or seclusion used as means of coercion, discipline, convenience, or retaliation, CFR 438.100
- Given the right to file a complaint about discrimination except for court-ordered services
- Given a referral to specialty services or second opinion, if you need it
- Given care when you need it, 24 hours a day and 7 days a week
- Free to get mental health and family planning services without a referral
- Free to get help with addiction to cigarettes, alcohol, and drugs without a referral
- Given handbooks and letters that you can understand
- Able to see and get a copy of your health records, unless your doctor thinks it would be bad for you
- Able to limit who can see your health records
- Sent a Notice of Action letter if you are denied a service or there is a change in service level
- Given information and help to appeal denials and ask for a hearing
- Allowed to make complaints and get a response without a bad reaction from your plan or provider
- Free to ask the Oregon Health Authority Ombudsperson for help with problems at 503-947-2346 or toll free 877-642-0450 (TTY 711)

As an OHP client, you agree to:

- Find a doctor or other provider you can work with and tell them all about your health
- Treat providers and their staff with the same respect you want
- Bring your medical ID cards to appointments, tell the receptionist that you have OHP and any other health insurance, and let them know if you were hurt in an accident
- Be on time for appointments
- Call your provider at least one day before if you cannot make it to an appointment
- Have yearly checkups, wellness visits, and other services to prevent illness and keep you healthy
- Follow your providers' and pharmacists' directions, or ask for another choice
- Be honest with your providers to get the best service possible
- Call your case worker when you move, are pregnant, or are no longer pregnant

Report Medicaid fraud. Please tell us if you think you see fraud, like charging for a service you did not get or someone using another person's ID to get OHP benefits. To report fraud, call or write:



MORE INFORMATION FOR MEMBERS

Provider Fraud:
DHS Provider Audit Unit
PO Box 14152
3406 Cherry Avenue NE
Salem, OR 97309-9965
Phone: 888-372-8301
Fax: 503-378-2577

Client Fraud:
DHS Investigations Unit
PO Box 14150
3406 Cherry Avenue NE
Salem, OR 97309-9965
Phone: 888-372-8301
Fax: 503-373-1525

You can also report client and provider fraud at www.oregon.gov/dhs/abuse/Pages/fraud-reporting.aspx.

Your Medical Records

You can have a copy of your medical records. Your Primary Care Provider (PCP) has most of your records, so you can ask them for a copy. They may charge a reasonable fee for copies. You can ask us for a copy of the records we have. We will not charge you for a copy of the records we have.

You can have a copy of your mental health records unless your provider thinks this could cause serious problems.

We only share your records with people who need to see them for treatment and payment reasons. You can limit who sees your records. If there is someone you do not want to see your records, please tell us in writing. You can ask us for a list of everyone 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 Policies that explains in detail how we use our members' personal information. This notice is on page 25. We can also send it to you if you ask. Just call FamilyCare Health and ask for our Notice of Privacy Policies.

Advance Directives (Living Wills)

Adults 18 years and older can make decisions about their own care, including refusing treatment. It is possible that someday you could become so sick or injured that you cannot 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 may follow your instructions. (Some providers may not follow Advance Directives. Ask your providers if they will follow yours.) If you do not have an Advance Directive, your providers may ask your family what to do. If your family cannot or will not decide, your providers will give you the standard medical treatment for your condition.

If you do not want certain kinds of treatment such as a breathing machine or feeding tube, you can write

MORE INFORMATION FOR MEMBERS

that down in an Advance Directive. It lets you decide your care in case you are unable to direct it yourself, such as if you are in a coma. If you are awake and alert your providers will always 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/insurance/shiba/topics/Pages/advancedirectives.aspx. 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 the copies, and date them. For more information call Oregon Health Decisions at 800-422-4805 or 503-692-0894 (TTY 711).

If your provider does not follow your wishes as stated in your Advance Directive, you can submit a complaint. A form for this is at www.healthoregon.org/hcrql.

Send your complaint to:
Health Care Regulation and Quality Improvement
800 NE Oregon St, #305
Portland, OR 97232
Email: Mailbox.hclc@state.or.us

Declaration for Mental Health Treatment

A “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. A court and two doctors can decide if you are not able to make decisions about your mental health treatment.

In the “Declaration for Mental Health Treatment,” you 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 to follow your wishes. If your wishes are not known, this person will decide what you would want.

A declaration form is good for only three years. If you become unable to decide your care during those three years, your declaration will remain good until you can make decisions again. You may change or cancel your declaration when you can understand and make choices about your care. You must give your form to your primary care provider and the person you name to make decisions for you.

For more information on the “Declaration for Mental Health Treatment,” go to www.oregon.gov/oha/amh/forms/declaration.pdf.

If your provider does not follow your wishes as stated in your Declaration for Mental Health Treatment, you can call 971-673-0540 or TTY 971-673-0372 or write a complaint to:
Health Care Regulation and Quality Improvement
800 NE Oregon St., #305
Portland, OR 97232
Email: mailbox.hcls@state.or.us
Complaint intake forms and additional information can be found at www.healthoregon.org/hcrqi.

MORE INFORMATION FOR MEMBERS

How to Change Coordinated Care Organizations (CCOs)

If you want to change to a different CCO, call OHP Customer Service at 503-378-2666 or 800-699-9075. There are several chances for you to change as long as another CCO is open for enrollment:

- If you are new to OHP, you can change CCOs during the first 90 days after you enroll.
- If you move to a place that your CCO does not serve, you can change CCOs as soon as you tell OHP Customer Service about the move.
- You can change CCOs once each year.
- If you are a Native American or Alaska native, or are also on Medicare, you can change or leave your CCO anytime.

Disenrollment

When you have a problem getting the right care, please let us try to help you before changing CCOs. Call us at 800-458-9518 or 503-222-2880 and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Customer Service at 503-378-2666 and 800-699-9075.

A CCO may ask the Division of Medical Assistance Programs (DMAP) to remove you if you are abusive to CCO staff or your providers, or if you commit fraud, such as letting someone else use your healthcare benefits.

Non-Discrimination Policy

FamilyCare Health does not discriminate against anyone in relation to protected classes as defined by law. Protected classes include but are not limited to race, color, national origin, religion, sex, sexual orientation, marital status, age, or disability.

If you feel you have been discriminated against, you can file a complaint with FamilyCare Health at:
Member Services

Toll-free: 800-458-9518, Local: 503-222-2880, TTY: 711

Hours: Monday through Friday 8 a.m. to 5 p.m.

Saturday and Sunday 9 a.m. to 5 p.m.

Within 180 days of the Alleged Discrimination, you may also have the right to file a complaint with:

U.S. Department of Justice

Civil Rights Division

950 Pennsylvania Avenue, N.W.

Washington, D.C. 20530

888-736-5551 or 202-514-0716 (TTY)

U.S. Health and Human Services Office of Civil Rights

701 Fifth Avenue, Suite 1600, MS - 11

Seattle, WA 98104

800-368-1019 or 800-537-7697 (TTY)

Within 1 Year of Alleged Discrimination, you may also have the right to file a complaint with:

Oregon Bureau of Labor and Industries (BOLI)

800 NE Oregon Street, Suite 1045

Portland, OR 97232

971-673-0764 or 711 (TTY)

GRIEVANCES AND APPEALS

Grievances and Appeals

How to Make a Complaint or Grievance

If you are unhappy with FamilyCare Health, your healthcare services, or your provider, you or your representative can complain or file a grievance. We will try to make things better. Call us or send us a letter. We will call or write back in a week to let you know that we are working on it. Our mailing address is:

FamilyCare Health Appeals and Grievances
825 NE Multnomah St., Suite 1400
Portland, Oregon 97232
Or call: 503-222-2880 or 800-458-9518

We will send you a letter within 30 days explaining how we will address your complaint. We will not tell your provider about your complaint unless you tell us it's okay.

Appeals and Hearings

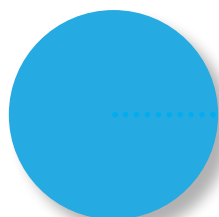
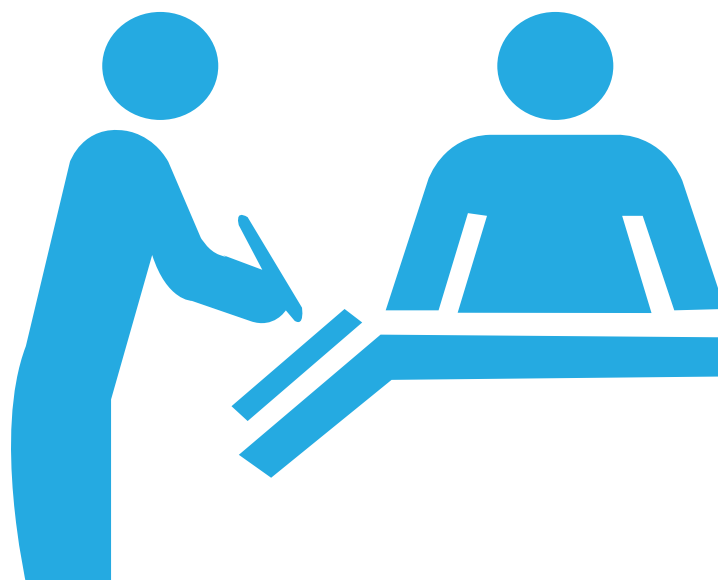
If we deny, stop, or reduce a medical service your provider has ordered, we will mail you a Notice of Action letter explaining why we made that decision. The letter will explain how to appeal (ask us to change our decision). You have a right to ask to change it through an appeal, a state fair hearing,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

How to Appeal a Decision

In an appeal, a different healthcare professional at FamilyCare Health will review your case. Ask us for an appeal by:

- Writing us a letter, or
- Calling us at 503-222-2880 (TTY 711)

Oral appeals must be followed with a written and signed appeal form. If you want help with this, call and we can fill out an appeal form for you to sign. You can also ask someone like a friend or case manager to help you. Or you may also call the Public Benefits Hotline at 800-520-5292 for legal advice and help. You will get a Notice of Appeal Resolution from us in 16 days letting you know if the reviewer agrees or disagrees with our decision. If we need more time to do a good review, we will send you a letter saying why we need up to 14 more days. You can keep on getting a service that already started before our decision to stop it. You must ask us to continue the service within 10 days of getting the Notice of Action letter that stopped it. If you continue the service and the reviewer agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the Notice of Action letter.



GRIEVANCES AND APPEALS

If You Need a Fast Appeal

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular appeal, tell us that you need a fast (expedited) appeal. We suggest that you include a statement from your provider or ask them to call us and explain why it is urgent. If we agree that it is urgent we will call you with a decision in 3 work days.

Provider Appeals

Your provider has a right to appeal for you when their physician's orders are denied by a Coordinated Care Organization (CCO).

How to Get an Administrative Hearing

You can have a state fair hearing with an Oregon Administrative Law Judge. You will have 45 days from the date on your Notice of Action or Notice of Appeal Resolution to ask the state for a hearing. Your Notice of Action letter will have a Hearing Request form that you can send in. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0557 (TTY 711), and ask for a Hearing Request form.

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

A hearing often takes more than 30 days to prepare. While you wait for your hearing, you can keep getting a service that already started before our original decision to stop it. You must ask us to continue the service within 10 days of getting the Notice of Action that stopped it. If you continue the service and the judge agrees with the original decision, you may have to pay the cost of the services that you received after the Effective Date on the original Notice of Action.

How to Get a Fast (Expedited) Hearing

If you and your provider believe that you have an urgent medical problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Hearing Request form to the OHP Hearings Unit. We suggest that you include a statement from your provider explaining why it is urgent. You should get a decision in 3 work days. The Hearings Unit's fax number is 503-945-6035.

NOTICE OF PRIVACY PRACTICES

Notice of Privacy Practices

Privacy Policy: Your Information. Your Rights. Your Responsibilities.

Effective March 2015

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Section 1

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of the privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See Section 2 for more information on these rights and how to exercise them.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services and sell your information
- Raise funds

See Section 3 for more information on these choices and how to exercise them.

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See Section 4 or Section 5 for more information on these uses and disclosures.

NOTICE OF PRIVACY PRACTICES

Section 2

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of the health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable fee.

Ask us to correct your health information

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable cost if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

NOTICE OF PRIVACY PRACTICES

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us at:

FamilyCare Health

825 NE Multnomah St., Suite 1400

Portland, OR 97232

Telephone: 503-222-2880

Toll-Free: 800-458-9518

TTY: 711

Email: navigationservices@familycareinc.org

Web: www.familycareinc.org

You can file a complaint with the State of Oregon or the Federal Government using the information in Section 6.

We will not retaliate against you for filing a complaint.

Section 3

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Section 4

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

NOTICE OF PRIVACY PRACTICES

Treat You

- We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run Our Organization

- We can use and share your health information to run our organization, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

Pay for Your Services

- We can use and share your health information to determine eligibility, determine benefits, and to bill and get payment from other entities. Example: We give information about you to pay your medical bills.

Section 5

How Else Can We Use or Share Your Health Information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, go to [hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research

We can use or share your information for health research.

Comply with the Law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to Organ and Tissue Donation Requests

We can share health information about you with organ procurement organizations.

Work with a Medical Examiner or Funeral Director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

NOTICE OF PRIVACY PRACTICES

Address worker compensation, law enforcement, and other government requests

We can use or share health information about you:

- For worker compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order.

Section 6

Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We will follow the requirements of federal and state privacy laws to protect information related to drug and alcohol abuse, and treatment and mental health conditions and treatment.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. If we share your information with someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone without your approval.

For more information, go to www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, and on our website.

Complaints

If you believe your privacy rights have been violated, you may contact one of the following:

FamilyCare Health
Privacy Officer
825 NE Multnomah St., Suite 1400
Portland, OR 97232
Telephone: 503-222-2880
Toll-Free: 800-458-9518
TTY: 711

NOTICE OF PRIVACY PRACTICES

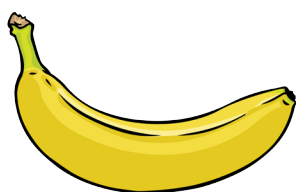
State of Oregon Department of Human Services
Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301-1097
Email: dhs.info@state.or.us

Office for Civil Rights
Medical Privacy Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW
HHH Building, Room 509H
Washington, DC 20201
Toll-Free: 866-627-7748
TTY: 866-788-4989
Email: OCRComplaint@hs.gov

Health Happens Here!

Health happens in doctors' offices, at home, and everywhere in between. Here are some ideas to help you find your own ways to be healthy, including exercises you can do on your own and a place to list your favorite providers. If you have questions about your health or your healthcare, please call us. We're here for you. FamilyCare Health: 800-458-9518 or 503-222-2880 (TTY 711)

What Can I Make With...



Banana

- Chop with strawberries and oranges to make a fruit salad
- Slice and put on toast with peanut butter
- Blend with milk and ice to make a smoothie
- Slice on top of pancakes or oatmeal
- Add to a bowl of ice cream or frozen yogurt
- Bake with flour, eggs, sugar, butter, baking soda, and salt to make banana bread



Rice

- Top with sautéed veggies to make a stir-fry
- Add beans for rice and beans
- Use in taco salad
- Add to scrambled eggs (mix in veggies, too!)
- Add milk, brown sugar, and cinnamon to make rice pudding
- Cook with mushrooms, butter, and vegetable stock to make a risotto



Tuna

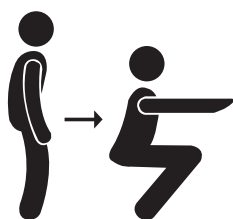
- Stir in salsa for extra flavor, then use as a filling for tacos
- Add mayonnaise to make tuna salad
- Mash in chickpeas and eat over a bed of lettuce
- Add to pasta and sauce
- Make a tuna melt: Toast bread, tuna salad, and cheese
- Cook on a stove top with curry powder, onions, peas, and other veggies

Need Help Getting Food?

You may qualify for extra help getting food for you and your family. Contact 211info or the Oregon Food Bank for more information.

211: 211info.org, dial 211 toll-free; **Oregon Food Bank:** oregonfoodbank.org, 503-282-0555

5 Moves to Do at Home



Squats: Stand with feet hip-width apart, arms down by sides. Bend knees, reaching hips back and raising arms in front of chest. Straighten legs and lower arms. That's one rep. Work up to 20 reps.



Wall Sit: Stand with back against a wall. Walk feet about 18 inches forward. Bend knees, sliding hips and upper body down wall. Hold. Work up to holding for 60 seconds.



Chair Dip: Sit at front edge of a chair with hands holding sides of seat. Lift hips and walk feet forward so hips are just front of seat. Bend elbows, lowering hips. Straighten elbows. That's one rep. Work up to 15 reps.



Pushups: Start in a plank position with hands on ground under shoulders, legs extended, and body in line from heels to head. (If this position is too challenging, keep knees on ground.) Bend elbows, lowering body toward floor. Straighten elbows to return to start position. That's one rep. Work up to 10 reps.



Bicycle Crunches: Lie face-up with hands crossed behind head and knees bent in toward chest. Lift head and shoulders off ground. Twist shoulders left, drawing right elbow toward left knee. At the same time, extend right leg to low diagonal. Untwist and draw both legs in, keeping head lifted. Repeat to right. That's one rep. Work up to 10 reps.

Get the Right Care

Everyone in your family should see a primary care provider (PCP) at least once a year. Your PCP can help you catch health problems early, when they're easiest to treat. When you visit your PCP, ask if there are any health screenings (health tests) you need. These are some of the most common health screenings your PCP may recommend.

Developmental Screening	Age 0-36 Months
Dental Sealants on Permanent Molars	Age 6-14 Years
Adolescent Well-Care Screening	Age 12-21 Years
Depression Screening	Age 12+ Years
Cervical Cancer Screening (every 3 years)	Women Age 21-65 Years
Colorectal Cancer Screening	Age 51-70 Years
Breast Cancer Screening (every 2 years)	Women Age 50-74 Years



My Doctors

My PCP: _____

Phone: _____

Address: _____

My Dental Provider: _____

Phone: _____

Address: _____

My Specialist: _____

Phone: _____

Address: _____



My Prescriptions

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

GET HEALTHY AT HOME

DO YOU KNOW WHERE TO GO FOR CARE?



Primary Care Office

Your first stop for everyday health problems.

Reasons you might visit your Primary Care Provider (PCP):

- Annual checkups
- Health screenings
- Colds or flu
- Health questions
- Disease management

To get help: Call to make an appointment.



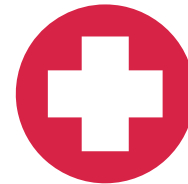
Urgent Care Clinic

For everyday health concerns (when you can't see your PCP).

Reasons you might visit an urgent care clinic:

- Sprains and minor injuries
- Painful urination
- Vomiting
- Severe sore throat
- Fever without a rash

To get help: Call to confirm clinic hours. Most don't require appointments.



Emergency Room (ER)

For life-threatening health problems.

Reasons you might visit an ER:

- Broken bones
- Chest pains
- Bleeding that won't stop
- Trouble breathing
- Major traumas
- Burns

To get help: Call 911. Or drive to a nearby hospital.



The easiest way to find health and human services.

Our community partner 211info

can connect you to local resources and services.



TEXT
zip code to
898211



DIAL
211



SEARCH
211info.org

Free. Live. Confidential.

NOTES

NOTES

Words to Know

Appeal: The term “appeal” means that you have asked us to change a decision we have made about your care, such as a decision to pay for a prescription for a drug we do not cover.

Authorization: The term “authorization” means that FamilyCare Health will review your doctor’s request for treatment before deciding if we will pay for it. FamilyCare Health can approve or deny a request.

Benefits: The term “benefits” describes the medical services, appointments, and other offerings that are covered, or paid for, by FamilyCare Health and the Oregon Health Plan.

Contracted Provider: When a provider is a “contracted provider” it means that he or she has signed an agreement with us to offer services to our members. You can find a list of all of our contracted providers at <https://apps.familycareinc.org/providerdirectory/> or via the free FamilyCare Health mobile app.

Coordinated Care Organization (CCO): FamilyCare Health is a Coordinated Care Organization (CCO). We contract with, or work with, healthcare providers who care for people with the Oregon Health Plan (OHP).

Community Advisory Council: FamilyCare Health has a Community Advisory Council. The Council tells FamilyCare Health about the wants and needs of the communities we serve.

Covered/Covered Benefits: In this booklet, the term “covered benefits” or “covered” describes the medical services, appointments, and other offerings that are paid for by FamilyCare Health and the Oregon Health Plan.

Intensive Care Coordination Services Coordinators provide additional assistance to members who have complex needs, including persons age 65 or older, persons with disabilities, and children in foster care.

Non-Contracted Provider: A provider who hasn’t signed a contract with us is a “non-contracted provider.” In most cases we may not be able to cover, or pay for, services from a non-contracted provider.

Oregon Health Authority (OHA): Oregon’s statewide healthcare agency, which includes the Medical Assistance Programs (MAP) and Addiction and Mental Health (AMH).

Oregon Health Plan (OHP): The Oregon Health Plan is a program that pays for low-income Oregonians’ health care. The state of Oregon and the U.S. Government’s Medicaid program pay for it.

Patient-Centered Primary Care Home (PCPCH): Clinics with this certification work closely with their patients to make sure all their medical, dental, and mental health needs are met.

Primary Care Provider (PCP): Your PCP is the provider who takes care of your basic healthcare needs including coordinating all your health care and giving referrals if services are needed outside of his or her office.

Referral: The term “referral” means that your provider has said you need to see another doctor or have a special service. For example, you might get a referral to see an orthopedist or get an x-ray if your knee hurts. Your provider may write their referral on a piece of paper or call the other doctor or facility directly.

Screening: The term “screening” means a health test or health check, usually performed by a provider. For example, a breast cancer screening checks to see if a person has breast cancer.

Specialist: Anyone who practices a very specific type of medicine such as an ear, nose, and throat doctor, physical therapist, or surgeon.

HEALTH HAPPENS HERE!



**HEALTH AT YOUR
FINGERTIPS**

Download The Free
App Today!

Available at Google Play and
the App Store.

503-222-2880 | www.familycareinc.org

