



TRI-COUNTY 2022 MEMBER HANDBOOK

March 10, 2022
1-877-600-5472
TTY 711

TrilliumOHP.com



CLACKAMAS-MULTNOMAH-WASHINGTON COUNTIES

Do You Need Help Knowing About Your Benefits? Call us. We want to help you get the best care.

Trillium Community Health Plan OHP

(including Trillium Behavioral Health)

13221 SW 68th Parkway, Ste. 500, Tigard, OR 97223

Our office is wheelchair accessible.

Hours*: Monday - Friday, 8 a.m. - 5 p.m.

Local: **541-485-2155** Toll-Free: **1-877-600-5472**

(TTY: 711)

Fax: **844-805-3991**

<http://www.trilliumohp.com>

If you need a ride to or from your health care appointments, please call:

MTM (Medical Transportation Management)

Toll-free: 877-583-1552 (TTY: 711)

You may be able to get help paying for rides.

*If you need help outside of these hours, please leave a message or call your Primary Care Provider (PCP). Your PCP has someone to answer the phone all the time, 24 hours a day, 7 days a week. For mental health crisis services, please see "Mental Health Emergency & Crisis Services" section. If you are having an emergency, call 911.

Dental Care Organizations

Advantage Dental Services

Customer Service Toll-free 1-866-268-9631

TTY: 711

Capitol Dental Care

1-503-585-5205 or toll-free 1-800-525-6800

TTY: 1-800-735-2900

Oregon Dental Service

1-503-243-2987 or toll-free 1-800-342-0526

TTY: 1-503-243-3958 or 1-800-466-6313

2022 HOLIDAY SCHEDULE: TRILLIUM OFFICES CLOSED

New Year's Day	Monday, January 3, 2022
Martin Luther King Jr.'s Birthday	Monday, January 17, 2022
Memorial Day	Monday, May 30, 2022
Independence Day (observed)	Monday, July 4, 2022
Labor Day	Monday, September 5, 2022
Thanksgiving Day	Thursday, November 24, 2022
Day After Thanksgiving	Friday, November 25, 2022
Christmas Eve	Friday, December 23, 2022
Christmas Day (observed)	Monday, December 26, 2022
New Year's Eve	Friday, December 30, 2022

Language Assistance and Interpretation

All members have a right to know about and use our programs and services. We give these kinds of free help:

- Sign language;
- Spoken language interpreters;
- Materials in other languages; and
- Braille, large print, audio, and any way that works better for you.

If you need help or have questions, please call Member Services at 1-877-600-5472 (TTY 711).

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.

If you need a language or sign language interpreter for health care visits, you can:

1. Call Trillium.
2. Call your doctor's office and ask them to set up an interpreter for your visit.

Information on Health Care Interpreters is at www.Oregon.gov/oha/oei.

Si usted necesita esta información en otro idioma, en letra grande, Braille o audio, llame a Trillium en uno de los números mencionados anteriormente.

All new members will receive a welcome packet that includes a copy of the Member Handbook. You can get a print copy of the Member Handbook, or a copy in alternative languages, at no cost to you. Call Member Services at 1-877-600-5472; TTY: 711. We will mail a handbook to you within 5 business days. You can see a digital version on our website at: www.trilliumohp.com/memberhandbook

If you request that we email you the handbook, we will note it in your file. You must approve us to send it to you over email.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you, including written translations, oral interpretations, certified and qualified spoken and sign language interpreters, alternative formats, and auxiliary aids and services, including written. Call 1-877-600-5472; TTY: 1-877-600-5473.

Español (Spanish): ATENCIÓN: si no habla inglés, tiene a su disposición servicios de asistencia lingüística sin cargo, que incluye traducciones, interpretaciones, intérpretes certificados y calificados de lenguaje hablado y de señas, formatos alternativos y servicios y asistencia auxiliares, incluidos formatos escritos. Llame al 1-877-600-5472; TTY: 1-877-600-5473.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị không nói tiếng Anh, chúng tôi có thể cung cấp dịch vụ hỗ trợ miễn phí cho quý vị, bao gồm dịch vụ biên dịch tài liệu, thông dịch trực tiếp, thông dịch viên ngôn ngữ ký hiệu và ngôn ngữ nói có trình độ, định dạng khác, dịch vụ và công cụ hỗ trợ, bao gồm cả tài liệu dạng văn bản. Vui lòng gọi số 1-877-600-5472; TTY: 1-877-600-5473.

简体中文 (Chinese): 注意：如果您不會說英語，您可以免費獲得語言協助服務，包括書面翻譯、口譯、經過認證和合格的口語和手語翻譯、其他格式的文件以及包括書面交流在內的輔助工具和服務。請致電 1-877-600-5472；TTY：1-877-600-5473。

Русский язык (Russian): ВНИМАНИЕ: Если вы не говорите на английском языке, то вам доступны бесплатные услуги перевода, в том числе письменный и устный перевод, услуги присяжных и квалифицированных устных переводчиков и переводчиков жестового языка, альтернативные форматы и вспомогательные средства и услуги, в том числе письменные. Звоните по номеру 1-877-600-5472; TTY: 1-877-600-5473.

한국어 (Korean): 주의: 영어를 구사하지 않으시면, 번역, 통역, 인증되고 자격을 갖춘 통역사 및 수화 통역사, 대체 형식, 보조 지원 및 서비스, 서면 형식 등으로 언어 지원 서비스를 무료로 제공해드립니다. 1-877-600-5472번, TTY: 1-877-600-5473번으로 전화해 주십시오.

Українська (Ukrainian): УВАГА! Якщо ви не розмовляєте англійською, вам доступні безкоштовно послуги письмового та усного перекладу, зокрема професійний усний переклад та сурдопереклад, альтернативні формати та інша допомога, зокрема письмова. Звертайся за телефоном: 1-877-600-5472; Телетайп: 1-877-600-5473.

日本語 (Japanese): 注意事項：英語以外での対応をご希望の方は、無料の言語支援サービスをご利用ください。文書での翻訳、口頭での通訳、認定や資格を取得している手話通訳士による口語と手話の通訳、その他の方法、筆談等の補助的支援やサービスをご利用いただけます。電話 1-877-600-5472、TTYサービス: 1-877-600-5473。

العربية: (Arabic) تنبيه: إذا كنت لا تتحدث اللغة الإنجليزية، فستتوفر لك خدمات المساعدة اللغوية مجاناً، بما في ذلك الترجمات الكتابية والترجمات الشفوية ومترجمي لغة الإشارة والمترجمين المرخصين والمؤهلين والتنسيقات البديلة والمساعدات والخدمات المساعدة بما في ذلك الكتابية. اتصل بالرقم 1-877-600-5472: الهاتف النصي: 1-877-600-5473.

Română (Romanian) ATENȚIE: Dacă nu vorbiți limba engleză, vă sunt disponibile servicii de asistență lingvistică gratuite, inclusiv traduceri scrise, interpretări orale, interpreți autorizați și calificați pentru limbajul semnelor și limbajul vorbit, formate alternative, precum și dispozitive și servicii auxiliare, inclusiv servicii în scris. Apelați numărul de telefon 1-877-600-5472; TTY: 1-877-600-5473.

ខ្មែរ (Cambodian) ប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាអង់គ្លេស មិនបានទេនោះ សេវាជំនួយខាងភាសា ដោយមិនគិតថ្លៃ មានសម្រាប់អ្នក រួមបញ្ចូលទាំងការបកប្រែសំណេរ ការបកប្រែផ្ទាល់មាត់ អ្នកបកប្រែភាសាសញ្ញានិងភាសានិយាយ ដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់ និងមានវិញ្ញាបនបត្របញ្ជាក់ ទម្រង់ផ្សេងជំនួស និងជំនួយនិងសេវានានា រួមទាំងសំណេរ។ ទូរសព្ទមកលេខ 1-877-600-5472; TTY: 1-877-600-5473

XIYYEEFFANNAA (Cushite): HUBADHAA: Afaan Ingilizii kan hin dubbanne yoo taatan, tajaajilootni gargaarsa afaanii, kaffaltii irraa bilisa ta'an, isiniif qophaa'aniiru: hiikkaa barreeffamaa, hiikkaa faanii/sagalee, hiiktota afaan dubbatamuu fi afaan mallattoo waraqaa ragaa qabanii fi ga'umsa qaban, filannoo foormaatii biroo, fi deggersa meeshaalee fi tajaajiloota, kan barreeffamaa dabalatee of-keessatti kan hammatu. 1-877-600-5472; TTY: 1-877-600-5473 irratti bilbilaa.

Deutsch (German) ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung, darunter schriftliche Übersetzungen, mündliche Dolmetscher, zertifizierte und qualifizierte Dolmetscher für Laut- und Gebärdensprache, alternative Formate sowie Hilfsmittel und Dienstleistungen, auch schriftlich. Rufnummer: 1-877-600-5472; TTY: 1-877-600-5473.

فارسی کتبی، (Farsi): توجه: چنانچه انگلیسی نمی دانید، خدمات کمک زبان رایگان، از جمله ترجمه ترجمه شفاهی، مترجمان زبان گفتاری و اشاره دارای گواهی و واجد شرایط، فرمت های جایگزین، و وسایل و خدمات کمکی، از جمله موارد کتبی، در دسترس شماست. با شماره تماس بگیرید 1-877-600-5472؛ TTY: 1-877-600-5473.

Français (French) ATTENTION : Si vous ne vous exprimez pas en anglais, des services d'assistance linguistique gratuits sont à votre disposition. Il s'agit notamment de la traduction des documents écrits, de l'interprétation des discours, de l'interprétation certifiée et adéquate en langue parlée et en langue des signes, d'autres formats, ainsi que des aides et services auxiliaires, y compris écrits. Composez le numéro 1-877-600-5472 ; ATS : 1-877-600-5473.

ภาษาไทย (Thai) โปรดทราบ: หากคุณไม่ได้พูดภาษาอังกฤษ เรามีบริการผู้ช่วยแปลภาษาให้บริการฟรี ซึ่งรวมถึงการแปลเป็นลายลักษณ์อักษร การแปลปากเปล่า ล่ามแปลภาษาและล่ามภาษามือที่ได้รับการรับรองและมีคุณสมบัติ รูปแบบการแปลอื่นๆ รวมถึงความช่วยเหลือและบริการเสริมอื่นๆ ซึ่งรวมการเขียนเป็นลายลักษณ์อักษรด้วย โทร 1-877-600-5472 หรือส่งข้อความทางโทรศัพท์: 1-877-600-5473

Trillium Community Health Plan (Trillium) wants to give the best care and services to our members.

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- | | | | |
|-------------------|-------------------|------------|----------------------|
| • Age | • Gender identity | • Race | • Sexual orientation |
| • Color | • Marital status | • Religion | • Disability |
| • National Origin | • Sex | | |

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

To report concerns or to get more information, please contact:

Trillium Community Health Plan

555 International Way, Building B, Springfield, OR 97477

Toll-free 877-600-5472 (TTY 711)

<https://www.trilliumohp.com/members/oregon-health-plan/for-members/member-satisfaction.html>

Please contact Member Services at 541-485-2155; Toll Free: 1-877-600-5472; TTY: 1-877-600-5473, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. You have the right to exercise your member rights without any adverse action or discrimination. If you feel like your rights have not been respected, you can file a grievance. You can also contact an Ombudsperson through the Oregon Health Authority at 1-877-642-0450 or TTY: 711. The call is free.

You may also contact Trillium's Non-Discrimination Coordinator:

Geno Allen, Non-Discrimination Coordinator

Email to: gilbert.e.allen@trilliumchp.com

Mail to: 555 International Way, Building B, Springfield, OR 97477

Phone: 541-650-3618, Toll-free 877-600-5472 or TTY 711

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Email to: OCRComplaint@hhs.gov

Phone: 800-368-1019, 800-537-7697 (TDD)

Mail to: **Office for Civil Rights**
200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, D.C. 20201

Oregon Health Authority (OHA) Civil Rights

Web: www.oregon.gov/OHA/OEI

Email to: OHA.PublicCivilRights@state.or.us

Phone: 844-882-7889 (TTY 711)

Mail to: **Office of Equity and Inclusion Division**
421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Email to: crdemail@boli.state.or.us

Phone: 971-673-0764

Mail to: **Bureau of Labor and Industries Civil Rights Division**
800 NE Oregon St., Suite 1045, Portland, OR 97232

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WELCOME TO TRILLIUM COMMUNITY HEALTH PLAN

We've been helping people on the Oregon Health Plan (OHP) since 1977. We are happy to serve you. We sent you this handbook because you get health care benefits from OHP. Please take time to read through this handbook. You will find answers to many of your questions about services, benefits, and how to get help if you need it. You may request a copy of this handbook at any time.

Trillium is a Coordinated Care Organization (CCO). We are a company that works with health care providers and community partners for people on OHP.

The providers in our CCO include: Physical Health, Behavioral Health, Dental Health, and MTM (Medical Transportation Management).

Trillium CCO provides free rides to appointments including physical, mental, and dental health services.

Trillium coordinates care by working with each member and their health care providers to find the best way to meet medical and non-medical needs. Patient Centered Primary Care Homes (PCPCHs) can also help coordinate members' medical and non-medical needs.

WHAT IS THE OREGON HEALTH PLAN (OHP)?

The Oregon Health Plan (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 PAYS FOR:

- Doctor visits
- Prescriptions
- Hospital stays
- Dental care
- Mental health services
- Help with quitting cigarettes, alcohol, and drugs
- Free rides to covered health care services.

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

OHP does not cover everything. A list of the diseases and conditions that are covered, called the Prioritized (ordered) List of Health Services, is online at: <http://www.oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx>

Other diseases and conditions usually are not covered by OHP. Those conditions could be covered if treating them will help a patient's covered condition. For example, a patient may have one health condition that is covered and another health condition that is not covered. The uncovered condition might be covered if it can help the

first condition get better. For more information about the Prioritized (ordered) List of Health Services, you can call Trillium at 1-877-600-5472.

Prioritized list of health services

Oregon Health Plan member benefits are based on where their health conditions and treatments are on the Prioritized (ordered) List of Health Services. The Oregon Health Evidence Review Commission (HERC) developed this list and meets regularly to update it. The HERC is made up of doctors, nurses, and other people concerned about health care issues.

The Oregon Health Plan does not cover everything. Diagnosis and treatment for services found below the line on the Prioritized (ordered) List are not funded through the Oregon Health Plan. All managed care plans and health care providers must use the Prioritized (ordered) List to see if they can provide a service under OHP. Not all conditions and treatments above the line of the Prioritized (ordered) List are covered as there are other criteria that must be met.

OHP covers reasonable services to find out what is wrong when a member is not well. This includes diagnosing a condition that is not covered. If a health care provider decides on a diagnosis or treatment that is not covered, OHP will not pay for any more services for that condition.

Trillium pays for all covered services in accordance with the Prioritized List of Health Services and when provided as specified in any relevant Statements of Intent and Guideline Notes of the Prioritized List, as long as services are medically or orally appropriate.

What is the difference between my plan and OHP?

OHP is the State of Oregon's Health Plan. The state contracts with many Coordinated Care Organizations (CCOs) to manage health care service for people who have OHP. Trillium is one of these CCOs.

The State of Oregon defines the benefits you receive. OHP uses many different CCOs to serve its members. Trillium is one of those CCOs.

What is a Coordinated Care Organization (CCO)?

Trillium Community Health Plan is a Coordinated Care Organization (CCO). We are a group of all types of health care providers who work together for people on OHP in our community. The providers in our CCO include Trillium, Trillium Behavioral Health, Advantage Dental Services, Capitol Dental Care, Oregon Dental Service and MTM. Trillium CCO provides free rides, also called non-emergent transportation (NEMT), and physical, mental, and dental health services to all of Washington, Clackamas and Multnomah Counties.

What are managed care and fee-for-service?

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.

WHAT IF I WANT OPEN-CARD OHP INSTEAD OF TRILLIUM?

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 can be in a CCO, but can ask to change to Open Card OHP anytime. You can also ask to be on Open Card OHP if you are also on Medicare in addition

to OHP. People on both Medicare and OHP can be in a CCO, but can ask to change their physical health benefit to Open Card OHP anytime. Any CCO member who has a medical reason to have FFS can ask to leave managed care. OHP Client Services at 1-800-273-0557 can help you understand and choose the best way to receive your health care.

What if I don't want Trillium to be my CCO?

When you have a problem getting the right care, please let us try to help you before changing CCOs. Just call our Member Services at 1-877-600-5472, TTY 711 and ask for a Care Coordinator. If you still want to leave or change your CCO, call OHP Customer Service. Their numbers are 503-378-2666 and 1-800-699-9075.

A CCO MAY ASK THE OREGON HEALTH AUTHORITY TO REMOVE YOU FROM IT IF YOU:

- Are abusive to CCO staff or your providers;
- Commit fraud, like letting someone else use your health care benefits.
- Commit an act of, or made a credible threat of, physical violence directed at a health care provider, the provider's staff, other patients, or the Trillium staff, so that it seriously impairs Trillium's ability to provide services to you or other members.

If abusive behavior is based on your medical condition, it is not grounds for removal.

A CCO MAY NOT ASK THE OREGON HEALTH AUTHORITY TO REMOVE YOU FROM IT IF YOU:

- Have a negative change in your health status;
- Use a lot of health services;
- Act uncooperatively or disruptively because of your special needs;
- Are a member of a protected class that shows you may need a lot of medical services;
- Have a medical condition or history that shows you may need a lot of medical services; or
- Have a physical, intellectual, developmental or mental disability.

To get more information, call Trillium Member Services at 1-877-600-5472. You can also call OHP Client Services at 1-800-273-0557 or 800-699-9075. You can ask about when the CCO can ask to end your membership (disenrollment), temporary enrollment exceptions or enrollment exemptions.

Members will receive a written notice of disenrollment rights at least 60 days before the start of each enrollment period.

How do I change to a different CCO?

If you want to change to a different CCO, you or your representative can do so orally or in writing. You can call OHP Member Service at 503-378-2666 or 1-800-699-9075. The change will be effective the first of the month following OHA's approval. There are many chances for you to change as long as another CCO is open for enrollment.

- If you do not want the CCO you've been assigned to, you can change during the first 90 days after you enroll.
- If you have been on OHP before, during the first 30 days after you enroll in a CCO.
- If you have been enrolled for 6 months in your CCO, you can request to change CCO.
- When you renew your Oregon Health Plan coverage (usually once per year)
You can change CCOs once each year for any other reason.

YOU MAY REQUEST TO CHANGE CCOs AT ANY TIME IF:

- If a member moves out of a CCO's service area, they should contact either OHP's Virtual Eligibility Center at 800-699-9075 or Client Services Unit at 800-273-0557 as soon as possible.
- Due to moral or religious objections Trillium does not cover the service you seek
- When you need related services to be performed at the same time, but not all related services are available within the network, and your primary care provider or another provider determines that receiving the services separately would subject you to unnecessary risk (For example a Caesarean section and a tubal ligation).

If OHA approves the disenrollment, you will receive a notice to that effect. You may file a grievance if they are dissatisfied with the process or request a hearing if you disagree with the decision to disenroll.

How does Trillium work?

Trillium coordinates the care you receive by working with each member and their health care providers to find the best way to meet medical and non-medical needs. For non-medical needs, Patient Centered Primary Care Homes (PCPCHs) will help members with anxiety, depression, and addiction to tobacco, drugs, and alcohol. Trillium monitors its network across provider types to ensure an adequate network.

We sometimes provide services that Fee-For-Service OHP doesn't cover. You have a right to request and receive additional information on the structure and operations of Trillium. For additional information on Trillium's structure and operations, contact Trillium at 1-877-600-5472, or TTY 711.

What is a Patient-Centered Primary Care Home (PCPCH)?

We want you to get the best care. One way we try to do that is ask our providers to be deemed by the Oregon Health Authority (OHA) as a Patient-Centered Primary Care Home (PCPCH). That means they can receive extra funds to follow their patients closely to make sure all their medical, dental, and behavioral health needs are met.

You can ask your clinic or provider's office if it is a PCPCH. The health care you receive is important to us! We take care of your benefits and questions locally. If you need care immediately, call us and we will help you get the care you need. Thank you for allowing us to serve you.

PLAN INFORMATION

Who do I call if I have questions?

CALL TRILLIUM IF:

- You are new to Trillium and need care immediately.
- You want to change or need help finding a Primary Care Provider (PCP).
- You want to change or need help finding a Dentist.
- You need help getting health care services.
- You have questions about a claim or your benefits.
- You need a new Trillium OHP Identification card.
- You have a complaint about your health care coverage.
- You have been involved in an accident or have an injury and the costs could be covered by someone else.

CALL OHP MEMBER SERVICES IF:

- You move outside of Trillium's service area.
- You get pregnant or a pregnancy ends.
- You have a baby.
- You have questions about your eligibility.
- You get or lose other health insurance.
- You want to change your health plan.
- You need a new Oregon Health ID card.
- If the information on your Oregon Health ID or OHP coverage letter is wrong.
- If you have questions about the OHP coverage letter you received from the Oregon Health Authority.

What if I need care right away?

If you are new to Trillium and need medical care or prescriptions immediately, please call us. Also, make an appointment with your PCP as soon as you can to be sure you receive any necessary ongoing care. If you need behavioral health services right away, you can call any provider listed in the Trillium Provider Directory, or call Trillium Member Services at 1-877-600-5472, TTY 711.

ACCESS TO CARE

Trillium provides access to care, including, but not limited to:

- Services, supports, and any of our documents in the language and/or culture you prefer

- Services that are as close as possible to where members reside or seek services;
 - Within 30 miles, or 30 minutes of where you live if you live in an urban area
 - Within 60 miles, or 60 minutes of where you live if you live in a rural area
- Choice of providers;
- Timely access to care and covered services 24 hours a day/7 days a week when medically appropriate. We arrange timely access to care for prioritized populations.
 - Emergency physical or behavioral health care: Right away, or referred to an emergency department.
 - Emergency oral care: Seen or treated within 24 hours
 - Urgent physical care: Within 72 hours or as needed, based on initial screening
 - Urgent oral care: Within two weeks or as needed, based on the initial screening
 - Urgent behavioral health care for all populations: Within 24 hours
 - Physical well care: Within four weeks
 - Routine oral care: Within eight weeks, unless there is a special health reason that makes a wait of longer than eight weeks okay.
 - Routine behavioral health care: assessment within seven days of the request, with a second visit as soon as needed
 - Specialty behavioral health care and substance use treatment services: right away.
 - If a timeframe can't be met due to lack of capacity, you must be put on a waitlist. You will get short-term services within 72 hours of being put on a waitlist. Short-term services must be like the services you first asked for.
- Specialty behavioral health care and substance use treatment services: right away. If a timeframe can't be met due to lack of capacity, you must be put on a waitlist. You will get short-term services within 72 hours of being put on a waitlist. Short-term services must be like the services you first asked for. The priority populations for Specialty Behavioral health include:

- Women who are pregnant,
- Veterans and their families,
- Women with children,
- Unpaid caregivers,
- Families,
- Children ages birth to five years,
- Persons with HIV/Aids
- Persons with tuberculosis,
- Persons who are at risk of first episode psychosis, or
- Persons who have an Intellectual/ developmental disability

- Substance use treatment services

- Members who are IV drug users, including heroin, will have an immediate assessment and can receive treatment within 14 days or 120 days of being put on a waitlist.
- Members who are experiencing an opioid use disorder will have an assessment and treatment within 72 hours.
- Members needing Medication Assisted Treatment (MAT) services will be assessed within 72 hours. Trillium will work with contracted providers to ensure short-term services are provided. You will not be required to follow detox before receiving treatment. You can access no less than 2 follow up appointments, with one appointment a week after the assessment. The assessment will include:
 - o A full physical and other assessments that review your biological, psycho-social, and spiritual needs.
 - o The provider will review the completed assessments to figure out the best medication to use to avoid risk or harm that may occur without knowing more about you.

For more information on how to access these services, visit our website at: <https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services.html>

- A treatment, care plan or transition of care plan that includes physical, behavioral and oral health
- An ongoing source of primary care someone who takes care of coordinating covered health care service
- For pregnant women: With a dental emergency will be seen or treated within 24 hours, 1 week for urgent dental care, an average of four weeks for

routine dental care, and four weeks initial dental screening or examination.

What is a Health Risk Screening?

A Health Risk Screening is a quick phone survey we use to gain a better understanding of areas in your life that may benefit from additional supports. The screening asks questions about your health and things that can impact your health. For example, we will ask about how you are feeling. We will ask if you have had any recent emergency department visits. We will also ask about your living situation and if you may need help in your activities of daily living. The team can also connect you to social supports and coordinate care.

HOW DOES THE INFORMATION SUPPORT YOU?

Once the Health Risk Screening is completed, our support teams may reach out to connect with you. We will find out how we can support you in your healthcare experience. Our Care Management Team might talk with you about:

- accessing care
- chronic conditions
- fall prevention and safety
- your physical, behavioral or dental health goals

When you are talking with our team, we may do more assessments. This will help us figure out your care plan goals.

HOW OFTEN SHOULD YOU COMPLETE A HEALTH RISK SCREENING?

We will contact you soon after you become a Trillium member to welcome you to the plan and offer a Health Risk Screening. The Health Risk Screening will help connect you with health benefits we offer to ensure a smooth transition onto our plan. We also offer screenings every 12 months or sooner as your health needs change. This will continue as long as you are a Trillium CCO member.

WHO HAS ACCESS TO MY HEALTH RISK SCREENING INFORMATION?

The information from the Health Risk Screening is part of your health record. We will share the results of your screening when it can help provide a smooth transition of care. We will also share the results when it can help your provider(s) support your care. We will seek your permission when state or federal regulations require. We may also reach out to you by mail if we can't reach you by phone. If you need something before we contact you, please call Member Services at 1-877-600-5472.

What are Intensive Care Coordination Services (ICC)?

ICC Services provide help and resources for members who have special health care needs. The priority population for ICC can include members who:

1. Are older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities;
2. Have complex or high health care needs, or multiple or chronic conditions,
3. Have Serious and Persistent Mental Illness, or
4. Are receiving Medicaid-funded long-term care services and supports (LTSS);
5. Are children ages 0-5:
 - a) Showing early signs of social/emotional or behavioral problems or;
 - b) Have a Serious Emotional Disorder (SED) diagnosis;
6. Are in medication-assisted treatment for Substance Use Disorder (SUD);
7. Are women who have been diagnosed with a high-risk pregnancy;
8. Are children with neonatal abstinence syndrome;
9. Children in Child Welfare;
10. Are IV drug users;
11. Have a SUD in need of withdrawal management;
12. Have HIV/AIDS or have tuberculosis;
13. Are veterans and their families; and
14. Are at risk of first episode psychosis, and
15. individuals within the Intellectual and developmental disability (IDD) populations.

To access ICC Services or request a health risk screening for ICC services, you can self refer. Also, someone on your health team can make a referral on your behalf. To make a referral or request a health risk screening, you can call Member Services at 1-877-600-5472 and request ICC Services. You will receive a response within one business day.

There may be times that we reach out directly to you to offer ICC services. This happens when we get information that your care needs may be increasing. This also happens when you have a new diagnosis that is part of the prioritized population.

Whether you request a referral or we reach out to offer ICC Services, we will ask you to complete ICC risk screening. The screening looks at many areas to figure out what you may need from a social, physical and behavioral health aspect.

If you are eligible, you will be offered ICC services.

If you choose to have ICC Services, you will be assigned an ICC Care Coordinator. The ICC Care Coordinator will be the one point of contact for your care needs. You will receive their name and telephone number. They are available during normal business hours, Monday through Friday.

If you are not eligible or not interested in ICC Services, you may be offered other internal Care Coordination or Care Management programs based on findings of your screening.

The ICC Care Coordinator will work with you, your representative (if you have one) and your medical team to coordinate your care.

An ICC Plan will be developed within 10 days of you choosing to join in ICC Services. It will include your identified needs, barriers, activities, and resources to support achieving and maintaining your personal goals, health and safety. This is your plan and it is important that it is holistically developed with you and your team.

Depending on your needs and barriers, the plan may contain multiple team members that are responsible for their areas of expertise. These areas can include but are not limited to physical, oral, behavioral, social, developmental, educational, spiritual, cultural, and financial. The ICC plan is updated with you and your team's input at least every 90 days, or sooner, if needed.

WE ARE HERE TO HELP YOU DURING TRANSITIONS OF CARE:

Trillium knows that joining a new health plan can be challenging. If you are coming onto Trillium Community Health Plan from another CCO or from OHP open card, we may reach out to you to assist in a smooth transition over to your new benefits. During transitions between plans your coverage with your providers continues as follows:

Full Benefit Dual Eligible (FBDE) members care will be covered for;

- Primary Care Provider up to ninety (90) days
- Oral Health Provider up to ninety (90) days

- Behavioral Health Provider up to ninety (90) days

All other members' care will be covered for;

- Primary Care Provider up to thirty (30) days
- Oral Health Provider up to thirty (30) day
- Behavioral Health Provider up to sixty (60) days

Note: Timeframes may be adjusted to meet an active treatment plan or prescribed course of treatment.

NEW MEMBERS WHO NEED SERVICES IMMEDIATELY

If you're a new Trillium member or new to Medicare and enrolled in Trillium, you may need medical care, prescription (drugs) supplies, or other necessary items or services. If you need any of these during your first month of enrollment and can't meet with a PCP, Primary Care Dentist (PDP) or other provider, we can help. Call Member Services Toll-Free: 1-877-600-5472 (TTY 711).

We will help you get any necessary (needed) health-related services you need right away. If you are new to Trillium or Medicare, we will help you and give you information.

It is important to us that you have a smooth transition. All members can access comprehensive transitional health care including appropriate warm handoffs for follow-up care when entering or leaving an acute care facility or long-term care setting.

For members with ongoing or chronic conditions, or who require Long-Term Care and Long Term Services and Supports, Trillium will work with your providers, including Medicare Providers, to ensure a transition of care plan is in place for members with:

- Special Health Care Needs,
- Receiving Long Term Services and Supports,
- Who are transitioning from a Hospital or Skilled Nursing Facility Care,
- Who are transitioning from institutional or in-patient Behavioral Health Care facilities,
- Who are receiving Home and Community Based Services for Behavioral Health conditions, and
- FBDE Members enrolled in Contractor's Affiliated MA or Dual Special Needs DSN Plans.

This will reduce duplication of assessment and care planning activities for improved coordination.

WE MAKE SURE ACCESS TO CARE CONTINUES FOR:

- Medically Fragile children

- People in breast and cervical cancer treatment programs
- People using CareAssist help due to HIV/AIDS
- People in treatment programs for:
 - End stage renal disease (kidney failure)
 - Prenatal or postpartum care (before or after pregnancy)
 - Transplant services
 - Radiation or chemotherapy services (treatment for cancer)
- Any person who would suffer major health risks if they did not continue treatment

During this transition, you can continue to see your previous provider even if they are out of network.

Items that you are currently receiving, such as prescriptions or medical supplies, will continue to be available to you during the transition and/or until you are able to meet with a new PCP, Dentist, and/or Behavioral Health Provider to obtain new orders or update your treatment plan. Just make sure you show your new insurance card to your provider or tell them you have new insurance.

If you attempt to refill a medication or access previous services and you are told you do not have coverage, please let us know right away, so we can help!

For some members, Trillium will receive information from your previous CCO to assist in your continued access to important medical, oral, and/or behavioral health care. Some members are eligible for both Medicare and Medicaid (OHP). If you are a new Medicare Enrollee, depending on who your Medicare health plan and coverage level is, we can help integrate or reach out to assist you with setting up your care under your new plan. If you continue to have Trillium as secondary insurance, we are always available to support your needs for things that are not covered by your Medicare coverage.

Help is available to ensure that you can receive ongoing care and follow the treatment plans set out by your provider without any delay. If you feel that you need help with this, please contact a Trillium Care Coordinator or Case Manager at 1-877-600-5472. You can also read our policy here: https://www.trilliumohp.com/content/dam/centene/trillium/mecaid/pdfs/CCO_Transitions_of_Care_Policy_10.29.2019_FINAL.pdf

WHAT ARE HEALTH-RELATED SERVICES?

Health-related services are provided as a supplement to covered health care services. There are two types of health-related services:

- Flexible services, which are cost-effective services offered to an individual member to supplement covered benefits, and
- Community benefit initiatives, which are community-level interventions focused on improving population health and health care quality. These initiatives include members, but are not necessarily limited to members.

Flexible Services are items or services that are not processed through usual medical billing. These items or services can support you with better health outcomes, though are not medical in nature. Examples include but are not limited to:

- temporary shelter for someone to heal or get better after a hospital stay when they do not have their own housing
- electronic medication box to support taking medication on time
- access to therapeutic pool for improved joint movement
- air conditioners for members who experience challenges with their breathing during extreme heat

To access Flexible Services, you can contact your doctor or any member of your care team. You can also call Trillium at 1-877-600-5472 and ask to speak with a Care Manager. A member of your care team or a Trillium Care Manager will fill out a form. It is important to be sure that the item or service will support you in a health positive way. It is also important to make sure the item or service is not part of another benefit available to you. It can take up to 10 days to process the request. Once the request is processed, we will order the service or item. In some cases, it may take additional time to deliver the item. If a health-related service request is denied, Trillium will notify you. You have the right to file a grievance.

What are Member Connection Representatives (MCRs)?

MCRs are Community Health Workers, certified in the State of Oregon and employed by Trillium. MCRs work to connect members to needed services. MCRs can help you access your benefits and make medical appointments. They can also coordinate social needs like housing and food. They may connect you to community resources. The MCRs work closely with your primary care medical home and internal Trillium team. They can meet with you through the telephone, video or at your home.

They can help things like how to remember to take your medication on time. They can also help with applications for housing or heating assistance or finding needed items through social systems. MCRs can offer health coaching for diabetes and asthma. MCRs are very resourceful and know their community. If you would like to work with an MCR, please call 1-877-600-5472 and ask for a Member Connections Representative.

What is Care Coordination and Case Management?

Trillium is here to help you meet your health care goals. Through a collaborative approach, we work to coordinate care based on your unique needs. We work with you, your providers and anyone else that you designate, to create a comprehensive pathway to wellness and prevention. We use a coordinated approach with community resources and our care team to make sure your needs are met. This approach helps you navigate the health care system to achieve whole person wellness, including physical health, behavioral health treatment and oral/dental health, as well as assist in removing barriers.

When you are in a Care Coordination, Case Management, or Intensive Care Coordination Services Program, you will have an assigned care manager. Your care manager will work with you to develop a care plan. This plan will have activities to help meet your needs. You and your care team will participate in creating goals to improve your health and well being. This care team is made up of your doctor, therapist, family, or anyone else important to your health outcomes. Care plans will be updated at least every year, but will be updated sooner, as needed, when you achieve your goals or your needs change. You can ask for a care coordinator at any time. Call Member Services at 1-877-600-5472 (TTY: 711). Ask to speak to a care coordinator. We may also contact you if your provider or another community resource asks us to help.

Culturally sensitive health education

We respect the dignity and the diversity of our members and the communities where they live. We want to serve the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientation, gender identification, and other special needs of our members. We want everyone to feel welcome and well-served in our plan.

We have many 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 Member Services at 1-877-600-5472, TTY 711.

Community Advisory Council

Trillium has two Community Advisory Councils (CACs). One CAC represents Lane county in the South. One CAC represents Clackamas, Multnomah, and Washington counties in the North. More than half of CAC members are Trillium OHP members or parents/grandparents of Trillium OHP members. The other members are from agencies and organizations that work with Trillium members. The CAC shares their experiences and gives feedback to help improve Trillium programs and services. They also advise Trillium on community-based initiatives. The CAC is a key partner in the Community Health Needs Assessment and Community Health Improvement Plan. If you want to join the CAC, learn more, or share an idea, please call us or visit <https://www.trilliumohp.com/about-us/public-notice/community-advisory-council-public-notice.html>

OHP coverage letter

The Oregon Health Authority will send you a coverage letter that lists OHP Member Services' phone number, your benefit package, and managed care plan. This letter lists information for everyone in your house who has an Oregon Health ID.

Identification (ID) cards

Oregon Health ID card

DHS will send you an Oregon Health ID that will have your name, client number, and the date of issue. Each person that has OHP will receive their own Oregon Health ID card. Please take this card with you to each appointment.

Trillium ID card

Trillium will also send you an ID card that says you are a Trillium OHP member. It will have your name, your PCP's name, your Dental Care Organization, and phone numbers for Member Services, pre-approval, emergencies, transportation (rides), and pharmacy questions. Please take this card along with your Oregon Health ID card to each appointment.

What if I have Medicare and OHP?

If you have OHP and are eligible for Medicare, Trillium will coordinate your services. You do not have to pay the co-insurance and deductible unless you:

- Received services from non-Trillium providers and those services were not for an emergency;
- Received services that were not covered under your Medicare and OHP benefits at the time you received services.

Depending on what your Medicare health plan and coverage level is, we can help integrate or reach out to assist you with coordinating care between your different insurance companies. When you have Medicare, it is the first in line for coverage. Trillium will work with you, your provider and your Medicare insurance company to make sure you get all the care that you need and want.

If you are a Dual Special Needs Member with Trillium Medicare and Trillium Medicaid coverage, you will always have a case manager assigned who will outreach to you regularly to support your whole person needs. Help is available to ensure that you can receive great care and follow the treatment plans set out by your provider without any delay. If you feel that you need help with this, please contact a Trillium Care Coordinator or Case Manager at 1-877-600-5472.

How do I get an interpreter?

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. This service has no cost for you. If you need a language or sign language interpreter for health care visits, you can:

1. Call Trillium.
2. Call your doctor's office and ask them to set up an interpreter for your visit. Information on Health Care Interpreters is at: www.Oregon.gov/oha/oei.

WHAT ARE MY MEMBER RIGHTS & RESPONSIBILITIES?

This statement explains your rights and responsibilities as a Trillium Community Health Plan (Trillium) member. As a member of Trillium Community Health Plan, you have certain rights. There are also certain things you are responsible for. If you have any questions about the rights and responsibilities listed here, contact Member Services at 1-877-600-5472. Ask to speak to Care Management.

You have the right to exercise your member rights without any adverse action or discrimination. If you feel like your rights have not been respected, you can file a grievance. You can also contact an Ombudsperson through the Oregon Health Authority at 1-877-642-0450 or TTY 711.

You may also contact Trillium's Non-Discrimination Coordinator:

Geno Allen, Non-Discrimination Coordinator,

gilbert.e.allen@trilliumchp.com.

555 International Way, Building B,
Springfield, OR 97477

Phone: 541-650-3618, Toll-free 877-600-5472
or TTY 711.

There are times when people under age 18 (minors) may want or need to get health care services on their own. To learn more, read "Minor Rights: Access and Consent to Health Care." This booklet tells you the types of services minors can get on their own. It also tells you how minors' health care information may be shared. You can read this booklet online at <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf>

Member Rights

AS AN TRILLIUM MEMBER YOU HAVE THE RIGHT TO:

- Be treated with dignity, respect, and consideration for your privacy.
- You can find out if a provider is accepting new members by looking at the provider directory.
- Be treated by providers the same way as other people seeking healthcare.
- Choose your providers and to change those choices.
- Refer yourself directly to behavioral health or family planning services without getting a referral from your PCP or another provider.
- Have a friend, family member, or helper come to your appointments.
- Be involved in creating your treatment plan.
- Get information about your condition, what is covered, and what is not covered, so you can make good decisions about your treatment. Get this information in your language and in a format that works for you.
- Accept or refuse treatments and be told what might happen based on your decision. A court-ordered service cannot be refused.
- Get written materials that tell you your rights, responsibilities, benefits, how to get services, and what to do in an emergency.
- Get materials explained in a way that you can understand them and in your language.
- Learn about CCOs and the health care system.
- Get services that consider your cultural and language needs and are close to where you live. If available, you can get services in non-traditional settings.
- Get care coordination, community-based care, and help with care transitions in a way that works with

your language and culture to reduce the need for hospital or nursing facility visits.

- Get the services that are needed to diagnose your health condition.
- Get person-centered care and services that give you choice, independence, and dignity. This care will be based on your health needs and meet generally accepted standards of practice
- Have a stable relationship with a care team that is responsible for your overall care management.
- Get help to use the healthcare system and get resources you need. This could include:
 1. Certified or qualified health care interpreters
 2. Certified traditional health workers
 3. Community health workers
 4. Peer wellness specialists
 5. Peer support specialists
 6. Doulas
 7. Personal health navigator
- Get covered preventative services.
- Get urgent and emergency services 24 hours a day, seven days a week without prior authorization.
- Get a referral to specialty providers for covered coordinated services that are needed based on your health.
- Have a clinical record kept that keeps track of your conditions, the services you get, and referrals.
- Have access to your clinical records. There may be times when the law restricts your access.
- Transfer your clinical record to another provider.
- Have your clinical record corrected or changed to be more accurate.
- Make a statement of your wishes for treatment. It can have your wishes to accept or refuse medical, surgical, or behavioral health treatment. It can also give instructions and powers of attorney for your care.
- Get written notice of a denial or change in a benefit before it happens. You may not get a notice if one isn't required by federal or state regulations.
- File a grievance or an appeal.
- Ask for hearing if you disagree with a decision made by Trillium Community Health Plan or OHP.

- Get certified or qualified health care interpreter services, including sign language interpretation.
- Get a notice of an appointment cancellation in a timely manner.
- Not be held down or kept away from people to get you to do something you do not want to do, used as a way to punish you, or make it easier to care for you.
- Be treated fairly and file a complaint of discrimination if you feel you've been treated unfairly because of your:
 1. Age
 2. Color
 3. Disability
 4. Gender Identity
 5. Marital status
 6. Race
 7. Religion
 8. Sex
 9. Sexual Orientation
- Share information with Trillium Community Health Plan electronically. You can choose to do this or not.

Member Responsibilities

AS AN TRILLIUM MEMBER YOU HAVE THE RIGHT TO:

- Choose or help to choose a primary care provider and primary care dentist.
- Treat Trillium Community Health Plan staff, providers, and clinic staff with respect.
- Be on time for appointments.
- Call ahead if you expect to be late or cancel your appointment if you can't make it.
- Get your yearly checkups, wellness visits, and preventative care to keep you healthy.
- Use your PCP for your healthcare needs unless it's an emergency.
- Use urgent and emergency care appropriately.
- Let your PCP know within 72 hours if you used emergency services.

- Get a referral from your PCP to see a specialist if you need it. There are some cases where you don't need a referral.
- Be honest with your providers so they can give you the best care.
- Help your provider get your health record. You may need to sign an authorization to release your records.
- Ask questions if anything is unclear.
- Use information from Trillium Community Health Plan, your providers, or care team to make the best choices for you about your health.
- Help your provider create your treatment plan.
- Follow directions from your providers or ask for another option.
- Let your provider know you have OHP and bring your medical ID cards to appointments.
- Tell Oregon Health Plan (OHP):
 1. If you change your phone number.
 2. If you change your address.
 3. If you become pregnant and when you give birth.
 4. If any family moves in or out of your home.
 5. If you have any other insurance available.
- Pay for non-covered services.
- Help Trillium Community Health Plan get money back from any money you get because of an injury. The amount is only up to what we paid in benefits related to that injury.
- Bring issues, complaints, or grievances to Trillium Community Health Plan's attention.
- Ride in the most appropriate vehicle based on your needs, the location of your appointment, and cost;
- Not be billed for NEMT services by Trillium;
- Not be billed for NEMT services by subcontracted transportation providers;
- Access Trillium's NEMT policies and procedures;
- Receive written notices of a denial of your ride request within 72 hours of the decision. Two staff review a request before it is denied to ensure it is appropriate;
- A copy of the denial will go to provider you were scheduled to see. This will happen if the provider is part of Trillium's network and they requested the ride on your behalf.
- Receive notice when your ride is scheduled;
- Not be dropped off more than 15 minutes before your appointment or before the building opens unless requested by you or, as applicable, your guardian, parent, or representative; and
- Not be picked up more than 15 minutes after the building for your appointment closes or more than an hour after you requested pick-up unless you request it or your appointment will end after it closes or as requested by the member, or as applicable, the Member's guardian, parent, or representative;
- Ride in a vehicle:
 - That is clean and free from debris impacting your ability to ride comfortably;
 - With appropriate safety belts, if the vehicle is legally required to have safety belts;
 - With a first aid kit, fire extinguisher, roadside reflective or warning devices, flashlight, tire traction devices in bad weather, and disposable gloves;
 - With all equipment necessary to secure the wheelchair or stretcher when appropriate;
 - In good operating condition, including side and rearview mirrors, horn, and working turn signals, headlights, taillights, and windshield wipers;
- Be driven by a driver who meets all State requirements to be an NEMT driver:
 - Have valid registration and state driver's license

If you receive non-emergent transportation (rides) services to your appointments, you also have the following passenger rights and responsibilities:

Passenger Rights

AS AN OHP MEMBER YOU HAVE THE RIGHT TO:

Access safe, timely, and appropriate rides 24 hours a day, 365 days a year;

- Approved background check including criminal history, driver history, sex offender status, and drug testing
 - Have documented training for driving and assisting members with disabilities and special needs.
- Request reasonable modification of your ride or trip when appropriate according to state and federal laws. This includes when:
 - A driver threatens harm to you or others in the vehicle,
 - Drives or engages in behavior that place you or others in the vehicle at risk of harm, or
 - Presents a direct threat to you or others in the vehicle.
- Request modifications for your ride or trip to meet the Americans with Disabilities Act and other applicable laws and rules;
- Be able to make a complaint or appeal a denial of your ride request with Trillium and receive a response;
- Make recommendations regarding Trillium's passenger rights and responsibilities policy;
- File a grievance and request an appeal or reconsideration.
- Receive reimbursements for covered services.
- Not smoke, use aerosols, or vape in the vehicle at any time;
- Take all items you brought with you when leaving a vehicle;
- Follow all local, state, and federal transportation (rides) laws regarding passenger safety standards;
- Travel to and from an appointment with an attendant if you are 12 years of age or younger or if you need help traveling.
 - An attendant can be a parent, guardian, step-parent, grandparent, or your representative. If it is not one of these people, then your parent or guardian must provide written authorization for any adult 18 or older to be your attendant. Attendants cannot be under 18;
- Provide and install any safety seats required by Oregon law for safe transportation (rides);
- Provide any other medical equipment necessary for your travel, such as oxygen, wheelchairs, or canes;
- Work with Trillium and MTM regarding any reasonable modifications of your ride or trip if:
 - You threaten harm to the driver or others in the vehicle,
 - Present a direct threat to the driver or others in the vehicle,
 - Engage in behaviors or circumstance that place the driver or others in the vehicle at risk of harm,
 - Engage in behavior that in Trillium's judgment causes local doctors or facilities to refuse to provide further services without modification,
 - Frequently do not show up for scheduled rides, or
 - Frequently cancel the ride on the day of the ride;
- Provide all requested information for reimbursement requests;
- Pay back any overpayments of reimbursements made to you as required by state regulations;
- Bring issues, complaints, or grievances to the attention of Trillium.

Passenger Responsibilities

AS AN OHP MEMBER, YOU AGREE TO:

- Complete an assessment of your transportation (rides) needs when requesting a ride;
- Notify MTM when your health conditions change that may affect what vehicle is scheduled for your ride;
- Schedule rides as far in advance as you can. You or your representative can schedule:
 - One time appointments – up to 90 days in advance;
 - Recurring appointments – set up all the rides needed at one time, up to 90 days in advance;
 - Same day appointments – call as soon as you can
- Provide all requested information for reimbursement requests;
- Pay back any overpayments of reimbursements made to you as required by state regulations;
- Bring issues, complaints, or grievances to the attention of Trillium.

HOW TO GET MEDICAL CARE WHEN YOU NEED IT

How do I find a doctor or provider?

The Trillium Provider Directory is not included in this handbook. A copy was mailed to you with this handbook when you first enrolled. If you need another copy, call us. If you have internet you can search for a provider or print the provider directory at: <https://findaprovider.trilliumhealthplan.com/location>

Some Trillium providers do not accept new patients. If you need help finding a provider who is accepting new patients or a provider that speaks a language other than English, call Trillium. For routine hospital care you must choose a hospital listed in the Trillium Provider Directory:

Legacy Meridian Park Hospital

19300 SW 65th Ave., Tualatin, OR 97062

503-692-1212 TTY users call 711

<https://www.legacyhealth.org/locations/hospitals/legacy-meridian-park-medical-center.aspx>

Legacy Mt Hood Medical Center

24800 SE Stark St., Gresham, OR 97030

503-674-1122 TTY users call 711

<https://www.legacyhealth.org/locations/hospitals/legacy-mount-hood-medical-center.aspx>

Legacy Emanuel Medical Center

2801 North Gantenbein Ave., Portland, OR 97227

503-413-2200 TTY users call 711

<https://www.legacyhealth.org/doctors-and-locations/hospitals/legacy-emanuel-medical-center>

Legacy Good Samaritan Hospital and Medical Center

1015 NW 22nd Ave., Portland, OR 97210

(503) 413-7711 TTY Users Call 711

<https://www.legacyhealth.org/doctors-and-locations/hospitals/legacy-good-samaritan-medical-center>

Oregon Health & Science University

3181 SW Sam Jackson Park Rd., Portland, OR 97239

503-494-8311 TTY users call 711

<https://www.ohsu.edu/visit/ohsu-hospital-portland>

Adventist Health Portland

10123 SE Market St., Portland, OR 97216

503-257-2500 TTY users call 711

www.adventisthealth.org/portland/

What is Primary Care?

Primary Care is general medical care and treatment provided by a Primary Care Provider (PCP). It includes:

- Preventive health care services that catch a health problem early or prevent it from happening. For example, mammograms (breast x-rays), Pap smears, or immunizations (shots);
- Care for ongoing chronic conditions, for example: diabetes or asthma;
- Prescriptions;
- Referrals for specialty care; and
- Admission to the hospital if needed.

How do I choose a Primary Care Provider?

Getting to know your PCP is important. Trillium members must have a PCP. You can choose a Trillium-affiliated PCP, or we can assign you one. To choose a PCP, call us and tell us the PCP that you want to see. If you don't call us within 30 days to tell us the PCP you want to see, we will assign you one. You will need to use the PCP we assign until you choose your own. Once you have called Trillium to change your PCP, the change will take effect on the first day of the following month. You can also call Trillium to find out what PCP you are assigned to. If you wish to choose a different PCP, contact Trillium.

Trillium PCP clinics are listed in our Provider Directory. Some listed providers may not be taking new patients. Please contact Trillium for a current list of providers who are taking new patients and languages spoken by provider.

Trillium will send you a new ID card to let you know that your PCP has been changed. If you need help in choosing your PCP, call Trillium Member Services at: 1-877-600-5472, TTY: 711 Monday through Friday, 8:00 a.m. to 5:00 p.m.

American Indians and Alaska Natives can receive their care from both Indian Health Services (IHS) clinic or the Native American Rehabilitation Association of the Northwest (NARA). This is true whether you are in a CCO or have fee-for-service (FFS) OHP. The clinic must bill the same as

network providers. If a CCO-enrolled tribal member receives services at an I/T/U, the I/T/U could refer the tribal member to NARA, if needed. The acronym I/T/U identifies three types of Native American Health Services:

- Indian Health Services (IHS)
- Tribal Health Providers
- Urban Indian Health Providers

How do I make an appointment with my PCP?

Once you choose your PCP or have one assigned to you, make an appointment as soon as you can. This will help you and your PCP get to know each other before there is a medical problem. Please call your PCP in advance for routine, non-emergency appointments. Call many weeks ahead of time for annual exams. Call your PCP when you need a check-up or when you don't feel well.

YOUR PCP:

- Knows your medical history and directs all your medical care.
- Keeps your medical records in one place to give you better service.
- Makes sure you have medical care any time of day or night, 7 days a week.
- Arranges for your specialty or hospital care.

AT APPOINTMENTS WITH YOUR PCP:

- Bring a list of any questions or medical concerns you have to discuss with your PCP.
- Bring a list of the prescriptions and vitamins you take and give it to your PCP.

How do I change my PCP?

If you want to change your PCP, call Trillium Member Services. You can change your PCP if there is another provider in our network accepting new patients. You can change your PCP up to twice per year.

Here are some tips to help you have a good relationship with your PCP:

1. Schedule and keep your appointments with your assigned PCP. Your PCP is responsible for all treatment you receive, including referrals to specialists.

2. If you are a new patient to Trillium, call soon and schedule a check-up with your PCP. That way, your PCP can get to know you and help meet your specific health care needs. Remember – check-ups and health maintenance exams are routine care, and it may take many weeks to get an appointment. If you need urgent care, please tell your clinic.
3. Some clinics require that you contact your former medical office before your first visit and ask them to transfer your medical records to your new PCP. These records help to provide a complete picture of your health history and help your new PCP continue your medical care.

WHAT ARE TRADITIONAL HEALTH WORKERS?

A traditional health worker (THW) is a person who works with members on care coordination, navigation and resources in the community or clinic settings. They are supervised by licensed health providers and are certified through the state of Oregon. Trillium covers many of the services of traditional health workers. Trillium can assist you with access to their services.

There are five different types of traditional health workers. Each type of THW has their own specific area of expertise.

1. A (Birth) Doula provides personal, non-medical support to women and families during a woman's pregnancy, childbirth, and post-partum.
2. A Peer Support Specialist (PSS) provides support to a current or former user of behavioral health or addiction treatment.
3. A Peer Wellness Specialist (PWS) has lived experience with a psychiatric (mental health) condition(s) plus thorough training. A PWS works as part of a person-driven, home health team. They use behavioral health and primary care to help and advocate for people in achieving well-being.
4. A Personal Health Navigator (PHN) provides information, help, tools, and support to allow a patient to make the best health care decisions.
5. A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has good knowledge of the community served.

Trillium has a THW Liaison (point person) who can help you connect to the right kind of THW services. They can also help answer questions about THW services. To contact the THW Liaison, please call 1-877-600-5472. You can also

send a request through email to : THW@TrilliumCHP.com. You can find this information and any updates to the THW contact information on our website at: <https://www.trilliumohp.com/members/oregon-health-plan/wellness/traditional-health-workers.html>

We cover second opinions

This is at no cost to you. If you want a second opinion about your treatment options, ask your PCP to refer you for another opinion, or we can arrange one for you. If you want to see a provider outside our network, Trillium will arrange this for you.

What if I can't make it to my appointment?

Keeping your medical, behavioral health, and dental appointments is one of your responsibilities as a Trillium member. If you must cancel an appointment, please call your provider as soon as you can, at least 1 day before the scheduled appointment. If you miss appointments and don't call your PCP's office, they may ask you to choose a new PCP. Providers cannot charge you for missed appointments.

What if I need care right away?

If you are new to Trillium and you need medical care or prescriptions immediately, please call us and ask to speak with a Care Coordinator. We can assist with access to needed care and other needs like supplies or your prescriptions. It is also important that you make an appointment with your PCP as soon as you can to be sure you receive the care you need.

What if I need after-hours care (evenings, weekends, and holidays)?

Your PCP looks after your care 24 hours a day, seven days a week. Even if the PCP's office is closed, call your PCP's office phone number. You will speak with someone who will contact your PCP or give you advice on what to do. Sometimes your PCP may not be available. They will make sure another provider is always available to help you.

What if I need to see a specialist or other provider?

You can self-refer to care for physical or behavioral health specialists for medically appropriate treatment of your conditions. This means that you can pick a provider for medically appropriate care without asking your PCP. However, the reason (condition or diagnosis) for the visit must be for a covered service, and must be an in-network provider. If you think you need to see a specialist or other provider, talk to your PCP first. Your PCP can help you figure out what specialist services you need.

What if I have Special Health Care Needs?

If you have special health care needs, you have direct access to physical and behavioral health specialists for medically appropriate treatment of your conditions. This means that you can pick a provider for medically appropriate care without asking your PCP. However, the reason (condition or diagnosis) for the visit must be for a covered service, and in most cases must be an in-network provider.

If you think you need to see a specialist or other provider, talk to your PCP first. Your PCP can help you figure out what specialist services you need.

Also, Coordinators and Case Managers are available to assist you with your special health care needs. Call Member Services at 1-877-600-5472. Ask to speak with a Care Coordinator.

What if I am receiving Long-Term Services and Supports?

If you receive Long-Term Services and Supports (LTSS), you have direct access to physical and behavioral health specialists for medically appropriate treatment. This means that you can pick a provider without asking your PCP. The reason (condition or diagnosis) for the visit must be for a covered service. In most cases, you must see an in-network provider. If you think you need to see a specialist or other provider, talk to your PCP first. Your PCP can help you figure out what specialist services you need.

Also, you can still receive Intensive Care Coordination (ICC) Services from Trillium by calling Member Services at 1-877-600-5472. Ask to speak with an ICC coordinator or case manager.

Below is a list of services you can receive without a referral from your PCP.

To self-refer for these services, you must go to an in-network provider. Call the provider to check if they are in network. Then you can make your own appointment.

- Medication Assisted Treatment for Opioid addiction; (first 30 days of treatment). Use our Find-a-Provider to choose a provider.
- Traditional Health Worker services. Use our Find-a-Provider to choose a provider or call Trillium Member Services.
- Drug and alcohol treatment. Use our Find-a-Provider to choose a provider.
- Female members can directly access women's health specialists within the provider network for covered services necessary to provide routine women's exams and preventive women's health care services. These include but are not limited to prenatal care, breast exams, mammograms, and Pap tests.
- Pregnancy care. Use our Find-a-Provider to choose a provider.
- Sexual abuse exams. Call your provider.
- Family planning and birth control services. You can get these services from any provider who is contracted with Oregon Health Authority and is licensed to perform these services.
- Behavioral health services. Use our Find-a-Provider to choose a provider.
- Help to stop smoking. Call Trillium Member Services.
- Kidney dialysis services. Use our Find-a-Provider to choose a provider.
- Immunizations (shots). Use our Find-a-Provider to choose a provider.
- Intensive Care Coordination (ICC) services
- If receiving ICC services, LTSS, or have special health care needs members can directly access a specialist and medically appropriate physical health or behavioral health care for treatment of the member's condition and identified needs.

What if the provider is out-of-network?

In most cases you must see a Trillium specialist or provider. If the service is available from Trillium providers, we will ask that you use a Trillium provider. If the service is not available from Trillium providers, Trillium may approve an out-of-network provider. We only approve out-of-state appointments when the service is not available in Oregon. You cannot self-refer to an out-of-network provider.

How do I get approval for services?

In addition to a referral, some medical services also need Trillium's approval before you can get the service. This approval for service is called an authorization. The provider offering you the service will get the approval from Trillium and will tell you when the service is approved. If you do not have a referral or authorization for service, you may be refused service or you may have to pay for the service.

Other OHP-Covered Benefits

There are some services that Trillium Community Health Plan does not pay for, but OHP will pay for. If you need help with these services, please call Trillium Member Services at 1-877-600-5472. Ask to speak with a care coordinator. If you need help getting to these services, please call MTM toll free at 877-583-1552 (TTY: 711). Some examples of services covered by OHP that are not provided by Trillium are:

CCO NON COVERED HEALTH SERVICES	CARE COORDINATION AVAILABLE FROM CCO	TRANSPORTATION AVAILABLE THROUGH CCO	WHO TO CONTACT
Physician-assisted suicide under the Oregon Death with Dignity Act, ORS 127.800-127.897 - Allows terminally ill Oregon residents to obtain and use medications from their doctors for self-administered, medications to assist in ending life.	No	Yes	KEPRO Care Coordination Team at (800)562-4620
Hospice services for Members who reside in a Skilled Nursing Facility; - Allows members to obtain medical care, support for the family, advocacy for the patient, spiritual counseling, pain assessment and treatment, and access to medications and durable medical equipment to support end of life transition in a skilled nursing facility.	No	Yes	KEPRO Care Coordination Team at (800)562-4620
School-Based Health Services that are covered services provided in accordance with Individuals with Disabilities Education Act requirements that are reimbursed with the educational services program; - Allows access students with disabilities, schools must provide medical services that are necessary for them to get an education as part of their special education plans.	No	Yes	KEPRO Care Coordination Team at (800)562-4620
Administrative examinations requested or authorized in accordance with OAR 410-130-0230; - Allows members to have specialized examinations when under certain levels of care.	No	Yes	KEPRO Care Coordination Team at (800)562-4620
Services provided to Citizen/Alien Waived Emergency Medical recipients or CAWEM Plus-CHIP Prenatal Coverage for CAWEM; - Allows Non-Citizen/Alien Waived Emergent Medical members to access emergency medical services and prenatal care.	No	Yes	KEPRO Care Coordination Team at (800)562-4620
Abortions - Allows members to have access to pregnancy termination services.	Yes	Yes	KEPRO Care Coordination Team at (800)562-4620

CCO NON COVERED HEALTH SERVICES	CARE COORDINATION AVAILABLE FROM CCO	TRANSPORTATION AVAILABLE THROUGH CCO	WHO TO CONTACT
Out-of-hospital birth (OOHB) services including prenatal and postpartum care for women meeting criteria defined in OAR 410-130-0240 -Allows members access to have prenatal, birthing and postpartum care out of the hospital setting.	No	Yes	Trillium Member Services – 877-600-5472
Long term services and supports excluded from CCO's reimbursement pursuant to ORS 114.631; - Allows member receiving LTSS services to receive coordinated care between the CCO and Long Term Supports and Services	Yes	Yes	Trillium Member Services – 877-600-5472
Assisting members in gaining access to certain behavioral health services. Examples of such services include, but are not limited to: a) Certain drugs for some behavioral health conditions; b) Therapeutic drugs for some behavioral health conditions; c) Long term psychiatric care for members 18 years of age and older; and d) Personal care in adult foster homes for members 18 years of age and older. For more information or a complete list about these certain behavioral health services, call Trillium Member Services.	Yes	Yes	Trillium Member Services – 877-600-5472
Family Connects Program providing free, evidenced-based, nurse home visiting for all families with newborns. - The Family Connects Oregon program supports parents by linking nurses, community resources, and families.	Yes	Yes	Trillium Member Services – 877-600-5472

For more information about these services, call OHP Client Services at 1-800-273-0557. If you need help with transportation, please see “Can I get a ride to my appointment?” section.

Is new technology covered?

OHP decides if new technologies or new uses of current technology are included in your benefit package. If you have questions about whether a service is covered, please call Trillium Member Services.

Physician incentives

We pay a bonus or reward to our providers for keeping you healthy. We do not pay or reward our providers for limiting services and referrals. The decision making for your service requests is only based on appropriateness of care and service and existence of coverage. You have a right to request and receive additional information on physician incentives and the structure and operations of Trillium. For additional information on physician incentives, contact Trillium at 1-877-600-5472 (TTY 711).

Can I get a ride to my appointment?

If you need help getting to your appointments, please call MTM toll free at 877-583-1552. We can help if you don't have a way to get to your doctor, dentist, or counselor. People on OHP get help paying for rides to health care visits. MTM may also be able to pay you for the cost of going to appointments, including gas, meals, and lodging. You will need to get approval before you go to your health care appointment. To get approval call 877-583-1552. Sunday - Saturday 8 am to 5 pm, or anytime for an urgent ride or a ride after leaving the hospital. Please call 911 for emergency transport. Free rides, or non-emergent medical transportation (rides), is provided by:

MTM (Medical Transportation Management)

Toll Free: 877-583-1552 (TTY: 711)

If you need to schedule a ride through MTM, call as soon as you can. Remember, if you cancel or change your appointment, call MTM right away to cancel or change

your ride. You can find more information in the Medical Ride Guide on our website at

<https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services/transportation.html>

How do I get an interpreter at appointments?

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. There is no cost to you.

If you need a language or sign language interpreter for health care visits, you can:

1. Call Trillium.
2. Call your doctor's office and ask them to set up an interpreter for your visit.

Information about Health Care Interpreters can be found at www.Oregon.gov/oha/oei.

COVERED BENEFITS AND SERVICES

What does OHP cover?

OHP can provide glasses, hearing aids, medical equipment, home health care, and transportation (rides) to health care appointments. OHP does not cover everything. The list of these diseases and conditions is called the Prioritized (ordered) List of Health Services. You can read this online at: <https://www.oregon.gov/oha/hsd/ohp/pages/prioritized-list.aspx>.

Other diseases and conditions might be covered by OHP in certain situations. For example, a patient may have one health condition that is covered and another health condition that is not covered. The uncovered condition might be covered if it can help the first condition get better. For a full summary of benefits, please see the "Summary of Benefits Checklist."

Telehealth Services

Telehealth services are health care services using electronic communications. This could be secure email. It could also be member portals or online audio/video conferencing. Trillium members can have audio, video and e-visits (if offered by their provider). Trillium will work with our

providers to ensure meaningful access to services. We will assess our member's capacities to use specific approved methods of telehealth deliveries. To have a telehealth appointment, you will need to use a computer. You can also use a laptop, tablet, or phone. Sometimes you may need a smart phone. Ask your provider about their telehealth services. You can access telehealth services at all community health centers. In 2022, Trillium will make sure that our Find a Provider and print Provider Directory show which providers have telehealth services. Call Member Services at 1-877-600-5472 (TTY: 711) if you need help.

If you have questions about telehealth, please call Trillium Member Services. You can also ask your Case Manager for help.

Covered Telehealth Services

Telehealth is covered for physical, behavioral and oral health visits. You may want a telehealth appointment to get a routine medication. You can also ask questions at a telehealth appointment. You can use telehealth for ongoing

behavioral health visits. Contact Member Services to find providers who offer telehealth.

Teladoc Telehealth Services

Trillium also offers telehealth services from Teladoc Health, Inc. Teladoc provides telehealth for physical, behavioral and oral health visits. Teladoc's services do not require a referral. Please call Member Services for more information on Teladoc's services or visit <https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services/telehealth.html>

Patient Choice and Accommodation

Telehealth is one way you can see your provider. Some providers may need to see you in person. For example, your heart doctor may need to see you in person. Your provider cannot limit you to only telehealth visits. Trillium works with our network providers to offer telehealth services that help you get meaningful care. Telehealth services will be culturally appropriate. Ways Trillium can provide telehealth is in your preferred language, Braille, large print, audio, or any way that works better for you. See "Language Assistance" section.

Telehealth Privacy Practices

Trillium's telehealth provider is Teladoc Health, Inc. The law requires Teladoc Health, Inc. to keep your personal health information private. They protect your information the same way your provider does when you see them in person. Teladoc Health, Inc. must tell you about its legal duties and privacy practices.

What if there is a change that affects your ability to access care or services?

Trillium provides written notice to affected members at least 30 days prior to any change. The change may be to a provider, a program, or a covered service. We may make changes more quickly for significant safety issues. Then we will send a notice to affected members afterward. If there are changes to your provider and the provider does not provide sufficient notice to a change within 30 days, we will notify you of the change within 15 days.

Practice Guidelines

Practice Guidelines give a path to improve your health. Benefits and harms of many care options are included. Trillium has Practice Guidelines for many topics. If you want to get a practice guideline on a topic please call Member Services. The Practice Guidelines are also available on the Trillium website under Provider Resources.

Preventive Services

Preventing health problems before they happen is important. OHP covers preventive services to help you stay healthy. These services do not require authorization. Preventive services include check-ups and tests to find out what is wrong. Your PCP will suggest a schedule for check-ups and other services

OTHER PREVENTIVE SERVICES INCLUDE:

- EPSDT
- Immunizations (shots) for children and adults (not for foreign travel or employment purposes);
- Routine physicals;
- Lab tests;
- Quit smoking tools;
- Maternity and newborn care;
- Women's exams and Pap smears;
- Mammograms (breast x-rays) for women;
- Prostate screenings for men;
- Cancer screening; and
- Fluoride treatment.

How do I get help to stop using tobacco?

The single most important thing you can do to improve your health and your family's health is to stop using tobacco. Trillium pays for medications and telephone counseling with a trained coach to help you stop using tobacco. If you use tobacco, call **Quit for Life** toll-free at **1-866-784-8454**.

What is EPSDT?

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a health care benefit for members under age 21. EPSDT includes a full range of screening, diagnostic, and treatment services. These screenings can help find physical, behavioral health or developmental health

care issues that need more diagnosis and/or treatment. EPSDT includes any diagnostic testing and medically necessary treatment needed to fix or improve a physical and behavioral health condition.

EPSDT also includes services needed to support a child who has developmental delay. These services can help keep conditions from getting worse. These services can also help slow the effects of a child's health care problem. EPSDT allows children and youth to access health care services early and often. An EPSDT screening is sometimes called a well-child or well-care check-up.

What Does EPSDT Include?

A well-child check-up, or EPSDT screening, includes:

- Full health and developmental history
- Full physical examination
- Health education and counseling based on age and health history
- Vision testing
- Hearing testing
- Laboratory tests
- Blood lead screening
- Review eating or sleeping problems
- Nutritional status
- Oral health screening and oral health services by an ABC Dental (ABCD) qualified PCP
- Immunizations (shots)
- Mental health screening
- Substance use disorder screening
- Physicians' services as needed by the member for acute, episodic or chronic illnesses or conditions

When a health condition is diagnosed by a child's medical provider, the child's provider(s) will:

- Treat the child if it is within the provider's scope of practice; or
- Refer the child to an appropriate specialist for treatment. This may include additional testing or specialty evaluations, such as:
 - Developmental assessment,
 - Comprehensive mental health,
 - Substance use disorder evaluation, or
 - Nutritional counseling.

EPSDT services do not include Supplemental Nutrition Assistance Program (SNAP) or other social services programs. For information and referral assistance for treatment and services not covered under EPSDT, please contact Member Services at Toll-Free: 1-877-600-5472 (TTY 711).

Treating providers communicate the results of their services to the referring EPSDT screening provider(s) and a comprehensive health and developmental history, including both physical and mental health development assessments will be maintained.

How do I access EPSDT?

The EPSDT program is provided at no cost to members up to age 21. The eligible member or family can get transportation (rides) at no cost. The eligible member or family can also get help with scheduling at no cost. To contact the **EPSDT program**, call Member Services at **1-877-600-5472 (TTY 711)**. Ask to speak to a Care Coordinator.

Members up to age 21 have access to the EPSDT program at no cost. The eligible member or family can get transportation (rides) at no cost. The eligible member or family can also get help with scheduling at no cost. To contact the EPSDT program, call Member Services at 1-877-600-5472 (TTY 711). Ask to speak to a Care Coordinator.

For more information on EPSDT, see: Medicaid Fact Sheet: https://downloads.aap.org/AAP/PDF/CHIP%20Fact%20Sheets/federaladvocacy_medicaidfactsheet_all_states.pdf AAP Periodicity Schedule: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Trillium requires a primary care provider (PCP) providing EPSDT services to have a written agreement with you or your authorized representative. Both parties must sign the written agreement. The written agreement reflects your obligations under EPSDT. This agreement says that the provider will be your regular source for EPSDT services for a stated period of time. Trillium will help you find an appropriate referral provider. Trillium will also help you make appointments. Trillium Care Coordination can help with EPSDT related needs or questions. You should begin receiving EPSDT treatment within 6 months of your request for screening services.

Summary of Benefits Checklist

Prior authorization is required for some services, procedures, and medical devices. Your provider generally submits a request for prior authorization for you. This chart has a list of services, procedures, and medical devices. It tells you whether or not prior authorization is required. For more information on services requiring prior authorization, please call Member Services at Toll-Free: 1-877-600-5472 (TTY 711).

BENEFIT		YOUR COST	PRIOR AUTHORIZATION REQUIREMENTS	LIMITS TO CARE WHEN RECEIVED BY A TRILLIUM PROVIDER
DOCTOR VISITS	Primary care provider	\$0	Not required	No limit
	Specialist	\$0	Not required for dental, women's health, or behavioral health providers. May be required for other services after two visits.	As recommended or based on OHP guidelines. Call Trillium for details
PREVENTIVE SERVICES	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	Not required	As recommended
	Prostate exams for men	\$0	Not required	No limit
	Family Planning	\$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	Many but not all drugs are available with a provider's prescription. A full list can be found in our Oregon Health Plan preferred drug list.	No cost for covered drugs. Mental health drugs are managed by the state. Copays for those drugs vary.	Some drugs may require authorization in addition to a prescription.	If a drug requiring authorization is denied, it will not be covered

BENEFIT		YOUR COST	PRIOR AUTHORIZATION REQUIREMENTS	LIMITS TO CARE WHEN RECEIVED BY A TRILLIUM PROVIDER
LABORATORY AND X-RAY	Blood draw	\$0	Referral required	No limit
	X-Rays	\$0	Referral required	No limit
	CT scans	\$0	Authorization required	No limit
	MRIs	\$0	Authorization required	No limit
IMMUNIZATIONS/ SHOTS	Vaccines	\$0 for recommended vaccines	Not Required	As Recommended
PREGNANCY 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	Not Required	Available for pregnant women and children 20 years and younger
	Help with breast feeding, including breast pumps	\$0	Not Required	Contact Trillium for more details
LABOR AND DELIVERY	Our prenatal program can help pregnant members get prepared for baby	\$0	Not required	Please let Trillium and the Oregon Health Authority know when you are pregnant and when your pregnancy has ended. You will need to apply for OHP for your child. Home births are not paid by Trillium but are by OHA. Please contact OHP Client Services for home birth options
HOSPITAL STAYS	Emergencies	\$0	Not required	No limit when medically necessary
	Scheduled surgery including both inpatient and outpatient hospital services	\$0	Authorization required	No limit when medically necessary
	Rehabilitative	\$0	Authorization required	No limit when medically necessary

BENEFIT		YOUR COST	PRIOR AUTHORIZATION REQUIREMENTS	LIMITS TO CARE WHEN RECEIVED BY A TRILLIUM PROVIDER
	Inpatient Hospital Services	\$0	Urgent or emergent, not required	No limit when medically necessary
	Inpatient habilitative	\$0	Authorization needed	Approval based on OHP guidelines, Call Trillium for details
	Outpatient Hospital Services	\$0	Authorization needed	Approval based on OHP guidelines, Call Trillium for details
EMERGENCY VISITS, URGENT CARE, OR OTHER EMERGENCY SERVICE NEEDS	Emergency room visits and urgent care	\$0	Not required	No limit when medically necessary
	Emergency medical transportation	\$0	Not required	Approval based on OHP guidelines. Call Trillium for details
	Urgent Care Services	\$0	Not required	Approval based on OHP guidelines, Call Trillium for details
THERAPY	Physical therapy (PT)	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Occupational (daily tasks) therapy (OT)	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Speech therapy (ST)	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
VISION	Eye exams	\$0	Referral required	Available for pregnant women and children 20 years and younger
	Eye glasses	\$0	Referral required	Available for pregnant women and children 20 years and younger
	Medical eye exams	\$0	Referral required	Number of visits based on plan's approval
SPECIALTY SERVICES	Medical equipment and supplies	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Hearing aids and exams	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details

BENEFIT		YOUR COST	PRIOR AUTHORIZATION REQUIREMENTS	LIMITS TO CARE WHEN RECEIVED BY A TRILLIUM PROVIDER
	Home health	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Skilled nursing facilities	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Comfort care service	\$0	Not required	Approval based on OHP guidelines. Call Trillium for details
	Chiropractor	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Acupuncture	\$0	Authorization required	Approval based on OHP guidelines. Call Trillium for details
	Traditional Health Workers - Doula - Peer Support Specialist* - Peer Wellness Specialist* - Personal Health Navigator - Community Health Worker *Behavioral Health	\$0	Contact Trillium Peer Support Specialist (Behavioral Health) with an organization or person who can help with your particular needs.	No limit
	Non-Emergent Medical Transportation (NEMT) services	\$0	Not required	Contact Trillium for more details
	Telehealth Services	\$0	Not required	Approval based on OHP guidelines. Call Trillium for details
	Interpreter services	\$0	Not required	Contact Trillium for more details

BENEFIT		YOUR COST	PRIOR AUTHORIZATION REQUIREMENTS	LIMITS TO CARE WHEN RECEIVED BY A TRILLIUM PROVIDER
BEHAVIORAL HEALTH	Medication Assisted Treatment for Substance Use Disorder	\$0	Not required	Prior authorization required after first 30 days
	Wraparound Services	\$0	Not required	No Limit
	Outpatient Behavioral Health Services	\$0	Not required	Prior authorization required after first 30 days
	Inpatient and Psychiatric Services	\$0	Authorization needed	Needs authorization
	Neurological (nerves and nervous system) and Special Testing	\$0	Authorization needed	Needs authorization
	Assertive Community Treatment Services	\$0	Not required	No Limit
	Behavioral Health Evaluation and Assessment	\$0	Not required	No Limit
	Applied Behavioral Analysis	\$0	Authorization needed	Needs authorization
COORDINATION	Care Coordination Services	\$0	Not required	Approval based on OHP guidelines. Call Trillium for details
	Case Management Services	\$0	Not required	Approval based on OHP guidelines. Call Trillium for details
	Intensive Care Coordination (ICC) Services	\$0	Authorization needed	Needs authorization

Family planning and birth control services

Family planning and related services are available to women, men, and teens. You do not need a referral from your PCP to get family planning and related services. These services may be obtained from any provider who is contracted with Oregon Health Authority and is licensed to perform these services. Family planning and related services that do not need a referral include:

- Family planning visits (physical exam and birth control education);
- Birth control supplies, such as birth control pills and condoms;
- Sterilization services (tubal ligations and vasectomies);
- Pap tests;
- Pregnancy tests; and
- Screenings for sexually transmitted diseases (STDs) and sexually transmitted infections (STIs).

For information on abortions, AIDS and HIV testing, and counseling call OHP Client Services toll free at 1-800-273-0557 (TTY 711).

What if I am pregnant?

Care while you are pregnant is very important. Prenatal care is important for your health and your baby's health.

TRILLIUM COVERS:

- Prenatal care (care for you before your baby is born);
- Labor and delivery;
- Postpartum care (care for you after your baby is born); and,
- Care for your newborn baby.

As soon as you know you are pregnant, call OHP Member Services. OHP Member Services will make sure you don't lose your OHP benefits while you are pregnant.

Trillium has a pregnancy program. Once DHS tells us about your pregnancy, we will call you to enroll you in this program.

Trillium's Start Smart for Baby team members will contact you during your pregnancy to make sure you get the care you need. Our team will also send you information about other help you may be able to get.

Out of Hospital Birth:

If you would like an out of hospital birth (at home or in a birthing center), these services are available through OHP. These services include prenatal and postpartum care for women who have low-risk pregnancies.

To learn more, please work with your provider. You should also call the KEPRO Care Coordination Team at 1-800-562-4620. If you need help with coordination or transportation, call Trillium at 1-877-600-5472.

IMPORTANT: As soon as you can after your baby is born:

- Call OHP Member Services. They will enroll your baby in OHP.
- If you received all your medical care from an obstetrician or prenatal care provider during pregnancy, you need to choose a PCP now. Call Trillium for help choosing a PCP.
- You will receive a call from the Start Smart for Baby team members to see how you are doing and provide additional support post-partum, including helping you set up your post-partum visit.

THE FOLLOWING BEHAVIORAL HEALTH SERVICES ARE ACCESSIBLE AT OUTPATIENT AND COMMUNITY-BASED PROGRAMS:

- Treatment services: one-on-one therapy, group therapy (both psycho-therapeutic and psycho-educational), family therapy
- Substance Abuse treatment services
- Psychiatric and Medication Monitoring
- Skills training
- Health promotion
- Respite services
- Vocational services
- Case management
- Personal Care
- Peer Support
- Residential
- Supported Housing
- Transportation (rides)
- Crisis Services

Can I get an eye exam and glasses?

MEMBERS (BIRTH THROUGH AGE 20) HAVE THE FOLLOWING BENEFITS:

- Vision exams, lenses, frames, and fittings (sometimes called routine vision services).
- Medical exams for eye diseases, eye injuries, and emergencies (sometimes called non-routine vision services).
- OHP will pay for contact lenses when glasses may not be worn for medical reasons. Non-routine vision services may require a prior authorization to see a specialist.

PREGNANT ADULT MEMBERS (AGE 21 AND OLDER) HAVE THE FOLLOWING BENEFITS:

- A vision exam, lenses, frame, and fitting limited to once every 24 months (sometimes called routine vision services).
- Medical exams for eye diseases, eye injuries, and emergencies (sometimes called non-routine vision services).
- OHP will pay for contact lenses only for a few conditions.
- Replacement of glasses is not a covered benefit for adults without prior approval. Non-routine vision services require a referral to see a specialist.

NON-PREGNANT ADULTS (AGE 21 AND OLDER) HAVE THE FOLLOWING BENEFITS:

- Medical exams for eye diseases, eye injuries, and emergencies (sometimes called non-routine vision services).
- A vision exam limited to once every 2 years (24 months) after cataract removal or corneal transplant.
- Lenses, frames, and fitting only covered within 120 days of cataract removal.
- OHP will pay for contact lenses only for a few conditions.
- Non-routine vision services require a referral to see a specialist.

How do I get my prescription medications?

Trillium covers medications at most pharmacies in Oregon. Take the prescription the doctor gave you to a

pharmacy that is convenient for you. If you need to fill a prescription outside of Oregon, both the pharmacy and the prescriber must be registered with the State of Oregon. If it is an emergency, call Trillium to request an exception. Only in certain situations will Trillium approve an out-of-area fill. If you pay for your medications, you may submit a reimbursement request. Only in certain situations will Trillium be able to reimburse you.

Trillium has a formulary, list of approved medications, for prescription drugs that are covered by Trillium. You can find more information about covered prescription drugs and pharmacy management procedures at www.trilliumohp.com. Listed medications are used because they are effective in treating your condition and cost less. Trillium may add or remove drugs or change coverage requirements on drugs. If we remove a drug from the list or add restriction to a drug that you are taking, we will tell you in advance. If your doctor orders medication for you that is not on the Trillium list, and the doctor sends Trillium a request to have the medication covered, we will consider the request. We will let you know whether or not the request is approved. Contact the prescriber or your PCP to talk about your choices.

Which medications are not covered?

- Medications that do not have an FDA-approved use;
- Medications that are not medically necessary;
- Experimental or investigational medications;
- Medications to help you get pregnant;
- Medications used for weight loss;
- Cosmetic or hair-growth medications.

Trillium pays for some over-the-counter (OTC) medications that are on our list, such as aspirin, if your doctor has written you a prescription for the drug. See the formulary at <https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services.html> to see what OTC medications are covered.

We don't cover all prescriptions. Most medications that people take for mental health are paid directly by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health ID and your Trillium ID cards. The pharmacy will know where to send the bill.

Where can I get my medication?

You may use any pharmacy of your choice that will accept your Trillium Medical ID card. Be prepared to show your Oregon Health ID card. Trillium has arrangements with most of the pharmacies in the Clackamas, Multnomah, and Washington County area.

You may obtain your prescriptions from a mail order pharmacy. Postal Prescription Services and CVS Caremark Mail Order Pharmacy both provide mail order services. If you have the Internet you can search for mail order information at: <https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services.html>

If you do not have the Internet, you can call Trillium Member Services.

Other Drug Coverage Restrictions

Some drugs on the list have additional coverage requirements or limits that may include:

- The use of generic drugs, when available
- Prior approval by Trillium
- Step therapy – trying different, less costly drugs first
- Quantity limits

Trillium's decisions for prior approval and medication list exceptions are based only on appropriate care and coverage. Trillium staff is not rewarded for denying requests and do not use financial incentives that reward denying services.

Trillium may approve up to three transition fills on an unlisted medication for members who were taking the drug before they became a Trillium member or after discharge from a hospital or nursing facility. You or your doctor can contact Trillium to ask for help with coverage of a transition medication.

What if I have Medicare?

This information is for any member of your household who has Medicare and Oregon Health Plan (OHP) coverage. Their drug benefit is called Medicare Part D. Medicare requires copayments for Part D drug coverage. Most of the plans that provide a drug benefit will charge a copayment. Trillium will continue to pay for all other covered health services.

Prescription Drug Assistance- Oregon Prescription Drug Program

The Oregon Prescription Drug Program can help reduce the costs of prescriptions that are not covered by your OHP benefit package. This program is available to all Oregonians. To enroll by phone, call 1-800-913-4284 or visit the Oregon Prescription Drug website at:

www.oregon.gov/OHA/pharmacy/OPDP/pages/applicationpage.aspx#What_is_O_PDP

Patient Assistance Program (PAP)

You may be able to get a drug that isn't covered for free from the company that makes it. Visit the website of the company that makes your prescription drug for information on their PAP.

Covid-19 Test Kits Are A Benefit Through Your Local Pharmacy

How do I get an at-home COVID-19 test for free?

You can get an over the counter (OTC), FDA-approved, Emergency Use Authorization (EUA) at-home COVID-19 test at no cost if you visit one of Trillium Community Health Plan's in-network retail pharmacies. A test kit will not require a prescription.

IMPORTANT: Get the test from the pharmacy itself. Do not get a test and pay for it at the store's normal register. If you pay for the test at the normal register, then you will need to submit a prescription claim form to get reimbursed.

Are there tests not covered through pharmacy?

COVID test kits that are not covered include:

- Kits that have to be sent to a lab (collection kits)
- Kits that are not indicated as "OTC"
- COVID kits obtained outside of the United States

I bought an at-home COVID-19 test on my own, will I be reimbursed?

Yes. If you bought an OTC FDA-approved, EUA at-home COVID-19 test at any place outside of our in-network pharmacies (e.g., Amazon, grocery store, drug store, etc.), you will be reimbursed for the cost of the test kits (up to \$12 per test) as follows:

- Purchase an at-home test that is on the FDA-approved EUA list.

- The FDA approved EUA list can be found on our website at <https://www.trilliumohp.com/coronavirus-disease--covid-19-.html>, or contact Member Services.
- Tests available without a prescription will include “OTC” (for over the counter at-home tests) in the Attributes column.
- Complete and submit a separate Prescription Claim Reimbursement form for each member:
 - For complete guidance on how to submit a claim, visit our website at <https://www.trilliumohp.com/coronavirus-disease--covid-19-.html> or contact Member Services.

If you purchased a physician ordered, FDA/EUA approved test before January 15, 2022, Trillium Community Health Plan will reimburse you when the claim form is turned in based on what you paid.

Will Trillium Community Health Plan limit the number of tests that a member can get for free?

Yes. Trillium Community Health Plan will cover up to 8 OTC FDA-approved, EUA at-home COVID-19 tests purchased over the counter per covered member in a 30-day period without PCP order or prior authorization. Unlimited tests will be covered with an order from a licensed healthcare provider. This follows the federal guidance released on January 10, 2022.

Who should I contact if I have any questions?

If you have any questions about coverage of at-home COVID-19 tests or submitting a claim for reimbursement call Member Services at 1-877-600-5472; TTY: 711.

MEDICAL EMERGENCY AND URGENT CARE SERVICES

What is a medical emergency?

An emergency is a serious injury or sudden illness, including severe pain that you think might cause death or serious bodily harm if you don't get help right away. This includes your unborn child if you are pregnant. Emergency and Urgent Care is covered all the time, 24 hours a day, seven days a week. You can go to any hospital, or other setting, anywhere in the United States, for an emergency.

If you think that you have a real 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;
- poisoning;
- bleeding that won't stop;
- broken bones; or,
- a mental health emergency.

Ambulance services

Ambulance services are covered in case of emergencies.

How do I get care after an emergency?

Emergency care is covered until you are stable. Call your PCP for follow-up care. Follow-up care once you are stable is covered but not considered an emergency.

Post-stabilization care is the care you get after an emergency and after your condition is stable. If you get emergency care at a hospital that is out-of-network and need care after your condition is stable:

- You must return to an in-network hospital to get your care covered, or
- You must get approval in advance to get your care covered.

How do I get urgent care?

Someone will be able to help you day and night, even on weekends and holidays. If you can't reach your PCP's office about an urgent problem or they can't see you soon enough, you can go to urgent care without an appointment. Urgent problems are things like severe infections, sprains, and strong pain. If you need an interpreter, please let the clinic know.

Even if you haven't seen your PCP yet, call them first if you think your condition is urgent. Your PCP's name is on your Trillium ID card. You can search for Urgent Care providers at:

<https://providersearch.trilliumhealthplan.com/>

Urgent Care Locations

AFC Urgent Care

397 Warner Milne Road, Oregon City, OR 97045
503-305-6262

Eagleton Providers PC

17437 Boones Ferry Road, Suite 100
Lake Oswego, OR 97035
413-887-6030

Urgent Care Oregon, LLC

861 W Main Street, Molalla, OR 97038
503-873-8686

Uptown Providers PC

7033 NE Sandy Boulevard, Portland, OR 97213
503-306-6262

Uptown Providers PC

25 NW 23rd Place, Suite 11, Portland, OR 97210
503-766-2215

Uptown Providers PC

14284 SW Allen Boulevard, Beaverton, OR 97005
503-305-6262

What if I am out of town or out of the state and need treatment?

While Trillium covers members anywhere within the United States, members should be aware of what can happen if they are traveling outside of Oregon and they have an emergency. Even if Trillium has approved an emergency room visit in another state, this does not

mean that all providers who give you care during an emergency are willing to bill Trillium. This means you could receive a bill for those services. Do not ignore bills from people who treated you in the hospital. If you get other bills, the CCO will help you resolve the issue.

AN EMERGENCY MIGHT BE:

- chest pain;
- trouble breathing;
- poisoning;
- 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 an urgent care office. Urgent problems are things like severe infections, sprains, and strong pain.

STEPS TO TAKE IF POSSIBLE DURING AN OUT OF STATE EMERGENCY ROOM VISIT:

- Make sure you have Trillium ID card with you when you travel out of state;
- Present your card as soon as you can and ask if they are willing to bill Trillium (Medicaid);
- Contact Trillium and discuss the situation and ask for advice on what to do;
- Do not sign any paperwork until you know the provider is willing to bill Trillium (Medicaid);
- If at all possible, have Trillium speak with the providers office while you are there;

In times of emergency the steps above are not always possible. However, being prepared and knowing what steps need to be taken during an emergency can resolve billing issues while you are still at the providers office in that state. Taking these steps can avoid the additional stress of receiving bills for services that Trillium will cover, however the provider won't bill the CCO.

What should I do if I get a bill?

Please do not ignore medical bills – call us right away. Many providers send unpaid bills to collection agencies and may even sue in court to get paid. It is much more difficult to fix the problem once that happens.

As soon as you get a bill for a service that you received while you were on OHP, you should:

- Call Trillium Member Services right away and say that a provider is billing you for an OHP service. We

will help you get the bill cleared up. Do not wait until you get more bills.

- If applicable, you can appeal by sending Trillium a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
- Follow up to make sure we paid the bill.
- If you receive court papers, call us right away. You may also call an attorney or the Public Benefits Hotline at 800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP. There

are consumer laws that can help you when you are wrongfully billed while on OHP.

If for some reason Trillium doesn't pay for your services, you may appeal the decision, or ask for us to review. See "Complaints (Grievances) and Appeals" section for more information.

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

YOUR DENTAL BENEFITS AND SERVICES

What are dental services?

Dental services are part of your benefits. Getting regular dental exams for preventive care is important to your overall health and can help prevent dental disease. If you need help with your dental services, call Trillium. We are here to help you get the care you need.

Trillium members can choose from any of the following dental care plans:

- **Advantage Dental Services or**
- **Capitol Dental Care or**
- **Oregon Dental Service.**

Which dental care plan do I have?

You will find your dental plan assignment or Dental Care Organization (DCO) on your Trillium Member ID Card, which you will receive in the mail



Medical-Dental-Behavioral Health

Name: <John Smith>

Oregon Health Plan#: <123456789101112>

PCP Start Date: <12/05/2016>

Doctor (PCP): <Dr. Jane Doe>

RX: Envolv Rx

RXBIN: 004336

RXPCN: MCAIDADV

RXGRP: RX5481

DCO: <DCO Name>

DCO Phone: <(555) 555-1234>

Mental Health Crisis Hotline:

Multnomah Co.: 503-988-4888 | 800-716-9769

Washington Co.: 503-291-9111 | Clackamas Co.: 503-655-8585

Please show both your Trillium Member ID Card and your Oregon Health ID each time you go to the dentist. If you lose your Member ID Card, please request a new one by calling Member Services at 1-877-600-5472, TTY 711.

How do I choose a dental plan?

If you are not assigned a dental plan or you would like to change your dental plan, please contact Member Services at 1-877-600-5472, TTY 711.

How do I use my dental benefits?

When you are assigned to a dental plan, you need to choose a clinic or dental office as your Primary Care Dentist (PCD). Your PCD will work with you to take care of your dental needs. Call your PCD before seeking any dental care.

How do I choose a Primary Care Dentist?

You may choose a Primary Care Dentist (PCD) from Trillium Find a Dentist on our website. <https://www.trilliumohp.com/members/oregon-health-plan/for-members/benefit-information.html.html>

Or, you can call your PCD's office and they will help arrange your first appointment with a PCD.

Advantage Dental Services

Customer Service

Toll-free 1-866-268-9631

TTY 711

Capitol Dental Care

1-503-585-5205 or toll-free 1-800-525-6800

TTY 1-800-735-2900

Oregon Dental Service

1-503-243-2987 or toll-free 1-800-342-0526

TTY 1-503-243-3958 or 1-800-466-6313

How do I make an appointment with my Primary Care Dentist?

- Call your PCD during office hours. You can find the phone number in your dental plan's provider directory or by calling Member Services.
- Tell the office you are a Trillium member and why you want to see a dentist.
- Remember to take your Trillium Member ID Card and your Oregon Health ID with you to the appointment.
- If you need sign language or an interpreter at your appointment, be sure to tell the clinic staff when you make the appointment.

To coordinate your dental care, your Primary Care Dentist will:

- Keep your dental records in one place to give you better service;
- Provide access to urgent and emergency dental care 24 hours a day, 7 days a week;
- Be your first contact when you need dental care; and
- Arrange for specialty dental care, if you need it.

Can I get a ride to my appointment?

If you need help getting to your appointments, please call MTM toll free at 877-583-1552 (TTY: 711). We can help if you don't have a way to get to your doctor, dentist, or counselor. You may be able to get help paying for rides.

How do I change my Primary Care Dentist?

You may change your PCD two times every year. To choose a new PCD, use the provider directory from your dental plan.

What if I think I need to see a specialist or other provider?

If you think you need to see a specialist or other provider, make an appointment with your PCD first. Your PCD will decide which services and tests you may need. If you need to see a specialist or other provider, your PCD will refer you. Referrals are made on a case-by-case basis when your PCD feels it is necessary. Your dental plan must approve the referral before you go to an appointment with a specialist or other provider.

Important: Going to a specialist without a referral from your PCD could result in your bill not being paid. This may mean if you sign a waiver you would have to pay the bill

WHAT DENTAL BENEFITS DO I HAVE?

Summary of Benefits and Services

BENEFITS		PREGNANT WOMEN AND MEMBERS UNDER 21	ALL OTHER ADULTS
EMERGENCY SERVICES	Emergency Stabilization (in or out of your service area) Examples: <ul style="list-style-type: none"> • Extreme pain or infection • Bleeding or swelling • Injuries to the teeth or gum 	X	X
PREVENTIVE SERVICES	Exams	X	X
	Cleaning	X	X
	Fluoride treatment	X	X
	Sealants	X	Not Covered
	Fillings	X	X
	Partial Dentures	X	Limited
	Complete Dentures	Limited	Limited
	Crowns	Limited	Not Covered
ORAL SURGERY AND ENDODONTICS			
	Extractions	X	X
	Root Canal Therapy	X	Limited
*Benefits may be subject to prior authorization requirements and frequency limitations.			

DENTAL EMERGENCIES & URGENT DENTAL CARE SERVICES

What is a dental emergency?

Emergency dental care is available 24 hours a day, 7 days a week. An emergency is a serious problem that needs immediate care. It could be an injury or sudden severe condition. Some examples of emergency situations are:

- Bad infection;
- Bad abscesses (an abscess is a blister on your gum tissue);
- Severe tooth pain (pain that does not stop when you take over-the-counter pain medicine); and,
- A tooth that is knocked out.

Call 911 if you believe you have an emergency. Also call 911 if you need ambulance services, which are covered in case of emergencies.

You can also receive post-stabilization care services to improve your condition. For more information on hospitals with emergency services and post-stabilization care services, see “How do I find a doctor or provider?”

What is an urgent dental care service?

Urgent dental care is dental care that needs prompt, but not immediate treatment. Some examples of urgent situations are:

- A toothache;
- Swollen gums; and,
- A lost filling.

Some dental services may require prior approval from your dental plan, but emergency or urgent dental services do not require a prior approval.

What if I am out of town and have an emergency or need urgent dental care?

If you are traveling outside of the Trillium service area and have an emergency, first try to contact your PCD (same instructions as above). You can seek care at any hospital within the United States for emergency care. If you must receive emergency dental care out of the area, ask the dentist to send your dental plan an itemized bill and the chart notes describing the dental emergency

How do I get care after an emergency?

After you see a dentist for a dental emergency, please call your PCD to arrange for further care if it is needed.

MENTAL HEALTH AND CHEMICAL DEPENDENCY BENEFITS

What are mental health services?

Mental health services are available to anyone who needs help with depression, anxiety, family problems, difficult behaviors, or other mental health conditions that make it difficult to live the life you want. OHP covers many services that can help you.

Services for children and adults can include one-on-one therapy, family therapy, group therapy, medication management, case management, or skill building. You can meet with a therapist who can recommend what services might help you. We are always happy to talk to you in order to help you find the help you need.

We can provide case management services to you or your loved one seeking care.

Important: You do not need a referral to get mental health services from a network provider. Please see the Trillium Provider Directory for a list of network providers.

Adult mental health services

Adults can choose a variety of helpful services for mental health issues from our many service providers. The Assertive Community Care or ACT model of treatment helps those who have been hospitalized with severe mental illness and who are most at-risk for health decline and crisis.

ACT teams are devoted to keeping people in their communities where they can improve their quality of life through a diverse team of caring professionals, access to helpful employment opportunities, and case management.

Children's mental health services

Children with mental health challenges are served in a variety of ways. Outpatient therapies at agencies, in homes, and in schools help to make therapy easy to get to a young person and their families.

Sometimes children/youth have severe mental health challenges and find themselves struggling to be successful at home, school, and other settings. An array of services and supports are available for the child/youth and their family based upon their specific needs. These services may include broad outpatient services, Intensive Outpatient Services and Support program, Wraparound program, or Intensive Care Coordination. If you need help figuring out what services are best for you, call us and we can help you.

HOW DO I USE MY MENTAL HEALTH AND CHEMICAL DEPENDENCY BENEFITS?

How do I find chemical (alcohol or drug) dependency treatment?

Alcohol and drug problems are hard on the person and the whole family. If you think you have a problem, ask for help. The Trillium Provider Directory lists chemical dependency treatment providers you can call. You can also call Trillium for help.

If you have mental health care needs you should schedule an appointment with a mental health provider right away.

If you need mental health services right away, you can call any provider listed in the Trillium Provider Directory, or call Trillium.

How do I find a mental health provider?

Some Trillium providers do not accept new patients. If you need help finding a provider who is accepting new patients or a provider that speaks a language other than English, call Trillium. For routine hospital care you must choose a hospital listed in the Trillium Provider Directory.

If you have the internet you can search for a provider or print the provider directory at: <http://providersearch.trilliumhealthplan.com>.

CALL TRILLIUM IF:

- You need help finding a mental health provider or need a provider that speaks a language other than English.
- You want to see a mental health provider that is not in the Trillium Provider Directory. You will need to get prior approval from Trillium first. This kind of approval is for special cases only.
- You need to change your mental health provider.
- You need help with coordinating non-covered behavioral health services.

What if I need help choosing a mental health provider?

Trillium members get to choose the mental health providers they see. If you need help choosing a mental health provider, call Trillium. If you have seen a mental health provider that is not listed in the Trillium Provider Directory or want to change to a different mental health provider, call Trillium.

How do I make an appointment with my mental health provider?

To get started, you can call any provider listed in the Trillium Provider Directory, or call Trillium for help in choosing a provider. Once you choose a mental health provider, you can make an appointment to see them right away. If you can't make it to an appointment, call your mental health provider as soon as you can. If you miss appointments without letting your mental health provider know why, they may ask you to choose a new mental health provider.

Non-Covered Behavioral Health Services

There are some behavioral health services that Trillium Community Health Plan does not pay for, but OHP will pay for. If you need help coordinating these services, such as long-term psychiatric care, please call Trillium Member Services. Ask to speak with a care coordinator.

SOME EXAMPLES OF SERVICES COVERED BY OHP THAT ARE NOT PROVIDED BY TRILLIUM ARE:

- Certain drugs for some behavioral health conditions

- Therapeutic group home reimbursement for members under 21 years of age
- Long-term psychiatric care for members 18 years of age and older
- Personal care in adult foster homes for members 18 years of age and older

For more information or for a complete list, call Trillium Member Services at 1-877-600-5472.

How do I get my prescription medications?

Trillium covers medications at most pharmacies in Oregon. Take the prescription the doctor gave you to a pharmacy that is convenient for you. If you need to fill

a prescription outside of Oregon, both the pharmacy and the prescriber must be registered with the State of Oregon. If it is an emergency, call Trillium to request an exception. Only in certain situations will Trillium approve an out-of-area fill. If you pay for your medications, you may submit a reimbursement request. Only in certain situations will Trillium be able to reimburse you.

Call your doctor or Trillium for help with non-formulary or over-the-counter medications.

We don't cover all prescriptions. **Most medications that people take for mental illness are paid directly by the Oregon Health Authority (OHA). Please show your pharmacist your Oregon Health ID and your Trillium ID cards. The pharmacy will know where to send the bill.**

MENTAL HEALTH EMERGENCY & CRISIS SERVICES

What is a mental health emergency?

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 Line, call 911, or go to the Emergency Room (ER). Ambulance services are covered in case of an emergencies. You can access ambulatory services by calling 911.

- If you live in Clackamas County you can call the County 24-7 crisis line at 503-655-8585.
- If you live in Multnomah County you can call the County 24-7 crisis line at 503-988-4888.
- If you live in Washington County you can call the County 24-7 crisis line at 503-291-9111.
- Call 911 if at any time during the emergency you feel your situation is not safe. The police will come to your address to help you and contact the nearest crisis program.

If the person that is in crisis is a youth, under 18 years old, you can call the Youth Crisis Line at 541-689-3111, TTY 711, call 911, or go to the Emergency Room (ER). Mobile crisis services are available 24 hours a day, 7 days a week by a Qualified Mental Health Professional (QMHP). A face-to-face

therapeutic response by a QMHP will be provided if clinically indicated based on the crisis call.

Mobile crisis services and crisis hotline are intended to promote stabilization in a community setting rather than arrest, presentation to an Emergency Department, or admission to an acute care facility. If you are receiving Intensive In-Home Behavioral Health Treatment, crisis response services are available 24 hours a day.

An emergency is a serious injury or sudden illness, including severe pain that you think might cause death or serious bodily harm if you don't get help right away. This includes your unborn child if you are pregnant. Emergency care is covered 24 hours a day, seven days a week. You can go to any hospital, anywhere for an emergency. For more information on where to access emergency services and post-stabilization care services, see "How do I find a doctor or provider?"

What if I am out of town and have an emergency?

If you have a mental health emergency and cannot return to Clackamas, Multnomah, or Washington Counties for treatment, you may go to the nearest hospital emergency room. Your emergency room visit will be covered as

long as you are in the United States. Do not use the emergency room for non-emergency care.

How do I get care after an emergency?

Emergency care is covered until you are stable. Call your PCP or mental health provider for follow-up care.

Follow-up care once you are stable is covered but not considered an emergency.

Can I get a ride to my appointment?

If you need help getting to your appointments, please call MTM toll free at 541-682-5566 or 877 at 711. We can help if you don't have a way to get to your doctor, dentist, or counselor. You may be able to get help paying for rides.

COMPLAINTS (GRIEVANCES) AND APPEALS

How do I make a complaint or grievance?

If you are very unhappy with Trillium, your health care services, or your provider, you can complain or file a grievance at any time for any matter other than a denial. We will try to make things better. Just call Member Services at 1-877-600-5472, TTY: 711, or send us a letter to this address: Trillium Community Health Plan, 555 International Way, Building B, Springfield, Oregon 97477.

You can also call the Oregon Health Plan Client Services Unit at 1-800-273-0557 to file a complaint or to file a grievance. Your provider or another person may file a grievance for you. They need to have your written permission to do so.

We must solve it and call or write you in 5 workdays from the date we got the complaint.

If we can't solve it in 5 workdays, we will send you a letter within 5 workdays to explain why. We may take up to 30 days to address your complaint. We will not tell anyone about your complaint unless you ask us to. You will be notified in your preferred language if Trillium will take longer to resolve a grievance.

As a reminder, Trillium and your provider cannot act against you for filing a complaint, cooperating in an investigation, or refusing to agree to something you believe to be against the law. Trillium cannot ask you to withdraw a grievance, appeal or hearing you have filed.

If a service is denied – how do I ask for an appeal?

If a service is denied, reduced, or stopped, you will receive a Notice of Adverse Benefit Determination (NOABD). We will also notify your provider. 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 and a state fair hearing. You can request an appeal orally or in writing no more than 60 days from the date on the Notice of Adverse Benefit Determination letter.

If you are denied services and did not receive a written notice of denial or your health care provider tells you that you will need to pay for a service that is not covered, you can ask to get a denial notice. The denial notice will show the service is not covered. Once you receive the denial, you can ask Trillium for an appeal.

Can my provider ask for an appeal for me?

If services have been denied to you, your providers are allowed to file an appeal on your behalf. We will need to have your written or verbal permission to do so.

How to Appeal a Decision

In an appeal, a different health care professional at Trillium will review your case. Ask us for an appeal by:

- Calling Member Services at 1-877-600-5472, TTY: 711; and requesting an appeal orally;
- Writing us a letter; or,
- Filling out an Appeal and Hearing Request, OHP form number 3302. This form was sent to you with your Notice of Action letter. You can also call us and ask for this form.

If you want help with this, call and we can fill out an appeal form for you to sign. You can ask someone like a friend or case manager to help you. You may also call the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. You will get a **Notice of Appeal Resolution (NOAR)** from us in 16 days letting you know if the reviewer agrees or disagrees with our decision. If we need more time to review, we will send you a letter saying why we need up to 14 more days. You may also ask for more time (up to 14 days). Should Trillium fail to adhere to the notice and timing requirements for the standard or extended appeals process, you are deemed to have exhausted the appeal process and may initiate a State Fair Hearing. Trillium will only request more time in the grievance or appeal process if it is in the member's best interest to do so.

While you wait for your appeal, you can keep on 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 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 original Notice of Action.

If you need help with the appeal forms, call Trillium, OHP Member Services, or contact:

Legal Aid Services in Oregon,

Portland Regional Office
520 SW Sixth Avenue, Suite 700
Portland, OR 97204
503-224-4086 or 1-800-228-6958 (toll free)

What if I need a fast (expedited) appeal?

If you and your provider believe you have an urgent healthcare 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. We will call you and write to you within one business day to let you know we have received the expedited appeal request. If we agree that it is urgent we will call you with a decision in 72 hours. If we need more time to review, we will send you a letter saying why we need up to 14 more days. You may also request an

extension of up to 14 days. Within 32 workdays, Trillium will mail you a written letter that states the decision and notify you or your provider by phone if the expedited request for appeal is denied.

If my appeal is denied, how do I get an administrative hearing?

After an appeal, you can ask for a state fair hearing with an Oregon Administrative Law Judge. You will have 120 days from the date on your Notice of Appeal Resolution (NOAR) to ask the state for a hearing. Your NOAR letter will have a form that you can send in. You can also ask us to send you an Appeal and Hearing Request form, or call OHP Client Services at 800-273-0557, TTY 711, and ask for form number 3302.

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

1-800-520-5292, 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 on getting a service that already started before our original decision to stop it. You must ask us to continue the service no later than 10 days following the date of the NOAR. 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 NOAR.

What if I need a fast (expedited) hearing?

If you and your provider believe that you have an urgent healthcare problem that cannot wait for a regular hearing process, say that you need a fast (expedited) hearing and fax the Appeal and 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 workdays. The Hearings Unit's fax number is 1-503-945-6035.

If your request for a fast hearing is denied, we will make reasonable efforts to give the member and requesting provider prompt oral notice of the denial and follow up within two days with a written notice.

Will my services be stopped?

If you're receiving OHP services and you want those services to continue until your hearing is resolved, you may ask for a continuation of benefits within 10 working days after receiving the Notice of Action letter. If the decision from the hearing is not in your favor, you may have to pay for the continued services you received while waiting for the decision. All member information used during the Complaint, Appeal and Administrative Hearing process is kept safe for you. You can call Member Services at 1-877-600-5472 or TTY at 711.

What should I do if I get a bill?

Even if you don't have to pay, please DO NOT IGNORE MEDICAL BILLS - call us right away. Many providers send unpaid bills to collection agencies and even sue in court to get paid. It is much more difficult to fix the problem once that happens.

AS SOON AS YOU GET A BILL FOR A SERVICE THAT YOU RECEIVED WHILE YOU WERE ON OHP, YOU SHOULD:

1. Call the provider, tell them that you were on OHP, and ask them to bill Trillium.
2. Call our Member Services at 1-877-600-5472 or TTY at 711 right away and say that a provider is billing you for an OHP service. 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 us a letter saying that you disagree with the bill because you were on OHP at the time of the service. Keep a copy of the letter for your records.
4. Follow up to make sure we paid the bill.
5. If you receive court papers related to a bill, call us right away. You may also call an attorney or the Public Benefits Hotline at 1-800-520-5292 for legal advice and help. There are consumer laws that can help you when you are wrongfully billed while on OHP.

If you get a bill for health care services and are not sure if you should pay, call Member Services at **1-877-600-5472** or TTY at 711 right away.

Sometimes, your provider doesn't do the paperwork correctly and won't get paid for that reason. That doesn't mean you have to pay. If you already received the service and we refuse to pay your provider, your provider still can't bill you. You may receive a notice from us saying that we will not pay for the service. That notice does not mean you have to pay. The provider should write off the charges. If we or your provider tell you that the service isn't covered by OHP, you still have the right to challenge that decision by asking for an appeal and a hearing.

Responsibility for charges

Trillium members should not have to pay for healthcare services. No contracting provider or agent, trustee or assignee of the contracting provider can:

- bill a member
- send a member's bill to a collection agency
- maintain a civil action against a member to collect any amounts owed by Trillium for which the member is not liable to the contracting provider

If you get a bill, call Member Service

OHP members don't pay for covered services. Your healthcare provider can send you a bill only if all of the following are true:

- **The medical service is something that your OHP plan does not cover;**
 - Before you received the service, you signed a valid Agreement to Pay, OHP form number 3165 - OHP Client Agreement to Pay for Health Services (also called a waiver);
 - The form showed the estimated cost of the service;
 - The form said that OHP does not cover the service; and,
 - The form said you agree to pay the bill yourself.
- **The pharmacy service is something that your OHP plan does not cover;**
 - Before you receive the medication, you will be asked to sign a valid Agreement to Pay, OHP form number 3166 - OHP Client Agreement to Pay for Pharmacy Services (also called a waiver);
 - The form will show the cost of the medication;
 - The form will say that OHP does not cover the service; and, The form will say that you agree to pay the bill yourself.

When will I have to pay for

health care services on OHP?

- 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 part of our provider network. Before you get medical care or go to a pharmacy, make sure that they are in our provider network.
- You will have to pay for services if you weren't eligible for OHP when you received the service.
- You, or a financially responsible representative, will have to pay for services not covered by OHP:
 - If you sign a detailed agreement to pay for the service before you receive it.
 - The agreement contains a list of all services and how much they cost.
 - This includes services denied under prior authorization.
- The Agreement to Pay is only valid if the service is scheduled within 30 days of your or your representative's signature.
- Balance billing, which is the practice of charging the difference between the amount the provider charges

and the amount your insurance pays, will not be applied at any time.

I was in the hospital and my plan paid for that, but now I am getting bills from other providers. What can I do?

When you go to the hospital or the emergency room, you may be treated by a provider who doesn't work for the hospital. For example, the emergency room doctors may have their own practice and provide services in the emergency room. They may send you a separate bill. If you have surgery in a hospital, there will be a separate bill for the hospital, the surgeon, and maybe even the lab, the radiologist, and the anesthesiologist. Just because Trillium paid the hospital bill doesn't mean Trillium paid the other providers. Do not ignore bills from people who treated you in the hospital. If you get other bills, call each provider and ask them to bill Trillium. You should follow steps 1-5 in the "What should I do if I get a bill?" section.

HOW DO I SHARE MY END-OF-LIFE DECISIONS?

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

An Advanced Directive is a legal form that allows you to:

1. Share your values, beliefs, goals and wishes for health care if you are unable to express them yourself.
2. Name a person to make your health care decisions if you could not make them for yourself. This person is called your health care representative and they must agree to act in this role.

Some providers may not follow Advance Directives. Ask your providers if they will follow yours. Adults 18 years and older can make decisions about their own care, including refusing treatment. It could happen 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.

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, 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 <https://www.oregon.gov/oha/PH/ABOUT/Pages/AdvanceDirectiveAdoptionCommittee.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 any time. 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 1-503-692-0894, toll-free at 1-800-422-4805, or TTY at 711.

Trillium does not make coverage decisions based on moral or religious beliefs. You may have a request that a certain doctor or hospital cannot follow because of their moral or

religious beliefs. If that happens, that doctor or hospital should tell you so you can decide if you want a different doctor or hospital to care for you.

If you think Trillium did not follow advance directive requirements (meaning what a plan is to inform members about in the context of Advance Directives), you can file a complaint with OHA

<https://www.oregon.gov/oha/ph/providerpartnerresources/healthcareprovidersfacilities/healthcarehealthcareregulationqualityimprovement/pages/complaint.aspx>

OHA: 1-800-699-9075

YOU CAN ALSO SEND YOUR COMPLAINT TO:

Health Care Regulation and Quality Improvement

800 NE Oregon St, #465, Portland, OR 97232

Email: Mailbox.hclcr@state.or.us

Fax: 971-673-0556

Phone: 971-673-0540; TTY: 711

You can also file a complaint with Trillium. You can call Member Services at 1-877-600-5472, TTY: 711 or send us a letter to our address at: 555 International Way, Building B, Springfield, Oregon 97477.

Declaration for mental health treatment

Oregon has a form for writing down your wishes for mental health care if you have a mental health crisis, or if for some reason you can't make decisions about your mental health treatment. The form is called the Declaration for Mental Health Treatment. You can complete it while you can make decisions about your care. The Declaration for Mental Health Treatment tells what kind of care you want if you ever are unable to make your wishes known. Only a court and two doctors can decide if you are not able to make decisions about your mental health treatment.

This form allows you to make choices about the kinds of care you want and do not want. It can be used to name an adult to make decisions about your care. The person you name must

agree to speak for you and follow your wishes. If your wishes are not in writing, this person will decide what you would want.

A declaration form is only good for three (3) years. If you become unable to decide during those three (3) years, your declaration will remain good until you can make decisions again. You may change or cancel your declaration when you can make choices about your care. You must give your form to your Primary Care Physician and the person you name to make decisions for you.

For more information on the Declaration for Mental Health Treatment go to the State of Oregon's website at: <http://cms.oregon.gov/oha/amh/forms/declaration.pdf>.

If your provider does not follow your wishes in your Declaration for Mental Health Treatment, you can complain. A form for this is at <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/HEALTHCAREPROVIDERSFACILITIES/HEALTHCAREHEALTHCAREREGULATIONQUALITYIMPROVEMENT/Pages/complaint.aspx>

SEND YOUR COMPLAINT TO:

Health Care Regulation and Quality Improvement

800 NE Oregon St, #465

Portland, OR 97232

Email: Mailbox.hcls@state.or.us

Fax: 971-673-0556

Phone: 971-673-0540; TTY: 711

IS MY PERSONAL INFORMATION PRIVATE?

Your records are private

All patient information is private. This includes anything in your medical record and anything you give to us, your doctor, or their clinical staff. We do not share this

information without your approval except in an emergency, or when permitted by state or federal regulations.

In an emergency, only the information needed to help you is shared. State or federal staff may review your records to see if we gave you the best care we could. Your doctor or clinic may ask you to sign a release of information on your first visit or later. The form will tell what information is to be shared, who will receive the information, and why they need it. The form also has a date showing when the sharing stops.

We only share your records for treatment, operations, and payment reasons. You can limit who sees your records. If there is someone you don't 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 Practices that explains in detail how we use our members' personal information. We will send it to you if you ask. Just call Member Services and ask for our Notice of Privacy Practices.

How do I review, correct, or limit the sharing of my Protected Health Information (PHI)?

YOU MAY CONTACT TRILLIUM TO:

- Ask to look at or copy your records.
- Ask to limit how information about you is used or shared.
- Ask to cancel your authorization.
- Ask to correct or change your records.
- Ask for a list of the times Trillium shared information about you.

You can have a copy of your medical records. Your provider has most of your medical 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 may charge you a reasonable fee for the copies.

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

Trillium may deny your request to look at, copy, or change your records if your provider says that you should not see them. If your request is denied, you will receive a letter that tells you why the request was denied and how you can ask for a review of the denial.

You will also receive information about how to file a complaint with Trillium or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How do I file a privacy complaint or report a privacy problem?

You may contact Trillium or the U.S. Department of Health and Human Services, Office for Civil Rights, if you want to file a privacy complaint or to report a problem with how Trillium has used or shared information about you. Your benefits will not be affected by any complaints you make. Trillium cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

YOU CAN SUBMIT A PRIVACY COMPLAINT BY MAIL:

Office for Civil Rights
Department of Health and Human Services
2201 Sixth Avenue
Mail Stop RX-11 Seattle, WA 98121

By phone: 1-206-615-2290
Toll free: 1-800-368-1019
TTY: 1-800-537-7697
Or, by fax: 1-206-615-2297

NOTICE OF PRIVACY PRACTICES

Trillium staff must collect information about you to provide health care services. We know that information we collect about you and your health is private. We are required to protect this information by federal and

state law. We call this information Protected Health Information (PHI).

The Notice of Privacy Practices tells you how Trillium may use or share information about you. Not all situations will be described. We are required to give you notice of our privacy practices for the information we collect and keep about you. We are required to follow the terms of the notice currently in effect.

In the future, Trillium may change their Notice of Privacy Practices. Any changes will apply to information Trillium already has, as well as information Trillium receives in the future. A copy of the new notice will be posted at Trillium as required by law.

You may ask for a copy of the current Notice or Privacy Practices any time you visit or contact Trillium. You may also get it online at <http://www.trilliumohp.com>.

How Trillium may use and share information without your authorization for treatment

We may use or share information with health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.

For payment

We may use or share information to get payment or to pay for the health care services you receive. For example, we may provide PHI to bill the OHP for health care provided to you.

For health care operations

We may use or share information in order to manage our programs and activities. For example, we may use PHI to review the quality of services you receive.

For mental health treatment

We may share or exchange certain information with other OHP managed care plans for the purpose of treatment activities.

For public health activities

Trillium is a contractor to OHA, the public health agency that keeps and updates vital records, such as births and deaths, and tracks some diseases.

For health oversight activities

Trillium may use or share information to inspect or investigate health care providers.

As required by law and for law enforcement.

Trillium will use and share information when required or permitted by federal or state law, or by court order.

For abuse reports and investigations

Trillium is required by law to receive and investigate reports of abuse.

For government programs

Trillium may use and share information for public benefits under other government programs. For example, Trillium may share information for the determination of Supplemental Security Income (SSI) benefits.

To avoid harm

Trillium may share PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

For research

Trillium may use information for studies and to develop reports. These reports do not identify specific people.

Disclosures to family, friends, and others who are involved in your medical care

Trillium may share information with your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information.

Other uses and disclosures require your written authorization

For other situations, Trillium will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. Trillium OHP cannot take back any uses or disclosures already made with your authorization.

Other laws protect PHI

Many Trillium programs have other laws for the use and disclosure of information about you. For example, you must give your written authorization for Trillium to use and share your chemical dependency treatment records.

What are my PHI privacy rights?

You have the following rights regarding health information Trillium maintains about you.

Right to see and get copies of your medical records
In most cases, you have the right to look at or get copies of your medical records. You must make the request in writing. You may be charged a fee for the cost of copying your records. If you want to get copies of your records, call Trillium.

Right to request a correction or update of your records

You may ask Trillium to change or add missing information to your records if you think there is a mistake.

You must make the request in writing, and provide a reason for your request.

Right to get a list of disclosures

You have the right to ask Trillium for a list of the people they have given your records to within the past six years. You must make the request in writing. This list will not include the times that information was shared for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your authorization

Right to request limits on uses or disclosures of PHI

You have the right to ask us to limit how PHI about you is used or shared. You must make the request in writing and tell Trillium what information you want to limit and to whom you want the limits to apply. You can request that the restriction(s) be terminated in writing or verbally.

Right to revoke permission

If you are asked to sign an authorization to use or share

information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

Right to choose how we communicate with you

You have the right to ask that Trillium share information with you in a certain way or in a certain place. For example, you may ask Trillium to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the basis for your request.

Right to file a complaint

You have the right to file a complaint if you do not agree with how Trillium has used or shared information about you.

Right to get a paper copy of this notice

You have the right to ask for a paper copy of your right at any time.

HOW DO I REPORT SUSPECTED FRAUD, WASTE, OR ABUSE?

We are committed to preventing Fraud, Waste, and Abuse by complying with all Applicable Laws, including, without limitation the State's False Claims Act and the federal False Claims Act.

EXAMPLES OF PROVIDER FRAUD INCLUDE:

- Providers billing for services that did not occur or billing for items that were not provided to the member

EXAMPLES OF PROVIDER WASTE INCLUDE:

- Providers ordering diagnostic tests that are unnecessary
- Prescribing more medications than necessary for treating a specific condition

EXAMPLES OF PROVIDER ABUSE INCLUDE:

- Pharmacies unknowingly billing for brand name drugs when generics are dispensed
- Providers unknowingly billing for unnecessary medical services

EXAMPLES OF MEMBER FRAUD INCLUDE:

- A person other than the member using the member ID card to receive services or medical items

EXAMPLES OF MEMBER WASTE INCLUDE:

- Not picking up prescriptions at the Pharmacy

EXAMPLES OF MEMBER ABUSE INCLUDE:

- Obtaining unnecessary medical services

CONNECTING YOUR HEALTHCARE

As a member, you have the right to report Fraud, Waste and Abuse anonymously and to be protected under applicable Whistleblower laws. Trillium will send reports of suspected fraud, waste, or abuse to the appropriate agencies. A phone hotline is available for telling us about fraud or abuse.

If you think errors, fraud, waste, or abuse have happened, report it as soon as you can! Telling us will help stop other members from becoming victims. Telling us will also help to save your health care benefits. If you have doubts on information about your Explanation of Benefits or believe there may be errors, fraud, waste, or abuse, please contact us.

By phone

Confidential Fraud, Waste, and Abuse Hotline, Toll-free 1-866-685-8664

Member Services

Toll-free 1-877-600-5472 TTY 711

In Person

13221 SW 68th Pkwy #200, Tigard, OR 97223

By Mail

Trillium Community Health Plan, P.O. Box 11740 Eugene, Oregon 97440-3940

You may also report what you believe to be fraud, waste, and abuse to:

Office of the Inspector General

Toll-free 1-800-HHS-TIPS or 1-800-447-8477, TTY 1-800-377-4950

Where to Report a Case of Fraud or Abuse by a Provider

Medicaid Fraud Control Unit (MFCU) Oregon Department of Justice

100 SW Market Street, Portland, OR 97201

Phone: 971-673-1880, Fax: 971-673-1890

OHA Program Integrity Audit Unit (PIAU)

3406 Cherry Ave. NE, Salem, OR 97303-4924

Fax: 503-378-2577, Hotline: 1-888-FRAUD01 (888-372-8301)

Website: <https://www.oregon.gov/oha/FOD/PIAU/Pages/Index.aspx>

Where to Report a Case of Fraud or Abuse by a Member

DHS/OHA Fraud Investigation

PO Box 14150, Salem, OR 97309

Hotline: 1-888-FRAUD01 (888-372-8301), Fax: 503-373-1525 Attn: Hotline

Website: <https://www.oregon.gov/dhs/ABUSE/Pages/fraud-reporting.aspx>

Ombudsperson

Ombudsperson is a public official who acts as an impartial intermediary between the people and agencies.

The ombudsperson in Oregon is at:

500 Summer St NE Salem, Oregon 97301

Fax 503-947-2341

You can ask the OHA Ombudsperson for help by calling toll-free 1-877-642-0450 (TTY 711).

NEW OPTIONS FOR MANAGING YOUR DIGITAL HEALTH RECORDS

On July 1, 2021, a new federal rule named the Interoperability and Patient Access Rule (CMS 915 F) made it easier for members to get their health records when they need it most. You now have full access to your health records on your mobile device which lets you manage your health better and know what resources are open to you.

Imagine:

- You go to a new doctor because you don't feel well and that doctor can pull up your health history from the past five years.
- You use an up-to-date provider directory to find a provider or specialist.
- That provider or specialist can use your health history to diagnose you and make sure you get the best care.
- You go to your computer to see if a claim is paid, denied or still being processed.
- If you want, you take your health history with you as you switch health plans.*

**In 2022, members can start to request that their health records go with them as they switch health plans.*

THE NEW RULE MAKES IT EASY TO FIND INFORMATION** ON:

- claims (paid and denied)
- specific parts of your clinical information
- pharmacy drug coverage
- healthcare providers

***You can get information for dates of service on or after January 1, 2016.*

For more info, visit your online member account.

WORDS TO KNOW

Action: (1) The denial or limited authorization of a requested service, including the type or level of service; (2) The reduction, suspension, or termination of a previously authorized service; (3) The denial, in whole or in part, of payment for a service; (4) The failure to provide services in a timely manner, as defined by the state; (5) The failure of a CCO to act within the time frames provided in 438.408(b); or, (6) For a resident of a rural area with only one CCO, the denial of an Oregon Health Plan enrollee's request to exercise his or her right, under 438.52(b)(ii), to obtain services outside the network.

Acute Inpatient Psychiatric Care: Care you receive in a hospital. This type of care must be approved.

Advance Directive: The document that allows you to describe your wishes concerning medical treatment at the end of life.

Appeal: When you 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.

Appointment: A visit with a service provider.

Behavioral Health: Includes mental health and substance use disorder treatment

Care Plan: a plan for members in Care Management, Care Coordination, or Intensive Care Coordination Services. The care plan helps support whole person care. It outlines the supports, outcomes, activities, and resources needed to achieve the member's personal goals, health, and safety. The plan is collaborative, integrated, and interdisciplinary-focused. It may look at medical, social, cultural, developmental, behavioral, educational, spiritual, and financial needs in order to achieve excellent health and wellness outcomes

Case Management: Services to help you receive effective care from other agencies.

CHOICE Program: The CHOICE program supports adults with mental illness to live in the least restrictive setting with local accountability and care coordination, tailored community-based services, and transition supports.

Consultation: Advice given from one provider to another involved in your care.

Coordinated Care Organization (CCO): A CCO is a community-based organization made up of all types of health care providers coming together to support the health of people, families, and the community.

Copay: An amount of money that a person must pay out-of-pocket for each health service. 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 (rides): 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 things that get better on their own, like colds, are usually excluded.

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

Habilitation Services and Devices: Health care services that help you keep, learn, or improve skills and functioning for daily living.

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.

Health Risk Assessment/Health Risk Screening: A list of questions that help us better know your unique health care needs.

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.

Intensive Care Coordination (ICC): Higher level of care coordination services. ICC supports complex medical conditions and needs. Any member who needs help can self refer. A case manager will reach out to you.

Initial Risk Screening: Short screening form to help us identify if there is anything that we can help you with.

Interpreter Services: Language or sign interpreters for persons who do not speak the same language as their provider or for persons who are hearing impaired.

Licensed Medical Practitioner: Person qualified to prescribe medications.

Limited Services: Mental Health Services that are only partly covered. You may have to pay for these services if you know the services are limited and accept the care anyway. This includes services that go beyond those needed to find out what is wrong.

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.

Medical Health Plan: A health plan that contracts with the Oregon Health Authority (OHA). This plan provides medical, surgical, preventive, and chemical dependency services.

Medication Management: The ordering and monitoring of your medications, but not covering the cost of your medications.

Mental Health Directive: A document that describes the treatment you want if you become incapacitated (unable to make good decisions) by mental illness.

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.

Ombudsperson: An impartial person that is not part of the health plan, who helps members resolve complaints.

Out-of-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.

Physical Health: Health related to your body.

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.

Premium: An amount to be paid for an insurance policy.

Prior Approval (Prior Authorization, or PA): A document that says your plan will pay for a service. Some plans and services require a PA before you get the service. Doctors usually take care of this.

Prescription Drugs: Drugs that your doctor tells you to take.

Prescription Drug Coverage: Health insurance or plan that helps pay for prescription drugs and medications

Primary Care Provider (PCP): 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 Physician: A primary care physician, or PCP, is a physician/medical doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions.

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.

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

Self-Referral: Means that you do not need permission from your primary treating physician to get care.

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.

State Fair Hearing: An OHA hearing on an action to deny, reduce, or stop a benefit. An OHP Member or the Member's Representative can ask for a hearing.

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.

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