



Member Handbook

Clackamas-Multnomah-Washington Counties

MEDICAL-BEHAVIORAL HEALTH-DENTAL



Toll Free 1-877-600-5472; TTY: 711

January 2021

OHP-TRIL-21-1933 TRI-County Approved 123020

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. 200,
 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 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 page 90. If you are having an emergency, call 911.

2021 Holiday Schedule: Trillium Offices Closed	
New Year's Day	Friday, January 1, 2021
Martin Luther King Jr.'s Birthday	Monday, January 18, 2021
Memorial Day	Monday, May 31, 2021
Independence Day (observed)	Monday, July 5, 2021
Labor Day	Monday, September 6, 2021
Thanksgiving Day	Thursday, November 25, 2021
Day After Thanksgiving	Friday, November 26, 2021
Christmas Eve	Friday, December 24, 2021
Christmas Day (observed)	Monday, December 27, 2021
New Year's Eve	Friday, December 31, 2021

How to get information in a different language or format

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 one of the phone numbers above.

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 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.

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
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual Orientation

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:

Geno Allen, Non-Discrimination Coordinator
555 International Way, Building B
Springfield, OR 97477
Phone: 541-650-3618

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

Gilbert.E.Allen@TrilliumCHP.com

<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. The call is free.

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
711 TTY
- 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

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.

Call 1-877-600-5472;

TTY: 1-877-600-5473.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-600-5472; TTY: 1-877-600-5473.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-600-5472; TTY: 1-877-600-5473.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-600-5472; TTY: 1-877-600-5473.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-600-5472; ТТУ: 1-877-600-5473.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-600-5472; ТТУ: 1-877-600-5473.

Українська (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. 1-877-600-5472; ТТУ: 1-877-600-5473.

日本語 (Japanese)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-600-5472; ТТУ: 1-877-600-5473. まで、電話にてご連絡ください

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بـ على رقم 1-877-600-5472، رقم هاتف الصم والبكم: 1-877-600-5473.

Română (Romanian)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-600-5472; TTY: 1-877-600-5473.

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-877-600-5472; TTY: 1-877-600-5473.

Cushite

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-600-5472; TTY: 1-877-600-5473.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche

Hilfsdienstleistungen zur Verfügung.

Rufnummer: 1-877-600-5472;

TTY: 1-877-600-5473.

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

1-877-600-5472; TTY: 1-877-600-5473.

تماس بگیرید. فراهم می باشد. با

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le

1-877-600-5472; TTY: 1-877-600-5473

ภาษาไทย (Thai)

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี

โทร. 1-877-600-5472;

TTY: 1-877-600-5473.

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 1-877-600-5472; TTY: 711.

If you need an interpreter at your appointments, tell your provider's office that you need an interpreter and for which language. Information on Certified Health Care Interpreters is at

www.Oregon.gov/oha/oei

Welcome to Trillium Community Health Plan

Welcome to Trillium Community Health Plan (Trillium)! 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: Trillium, Trillium Behavioral Health, Advantage Dental Services, and MTM (Medical Transportation Management).

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

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. For non-medical needs, Patient Centered Primary Care Homes (PCPCHs) will help members with anxiousness, depression, and quitting tobacco, drugs, and alcohol.

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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.



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. All managed care plans and health care providers must use the Prioritized (ordered) List to see if they can provide a service under OHP.

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.

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.

How do I change to a different CCO?

If you want to change to a different CCO, call OHP Customer Service at 503-378-2666 or 1-800-699-9075. 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 move to a place that your CCO doesn't serve, you can change CCOs as soon as you tell OHP Customer Service about the move. The number is 1-800-699-9075.
- 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.

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. 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 and supports that are in the language and 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 one week or as needed, based on the initial screening
 - Urgent behavioral health care for all populations: right away
 - 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: 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.

- 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 services

What is a Health Risk Screening?

We will contact you soon after you become a Trillium member. We will complete your health risk screening. We will call you on the phone to ask a few questions. This call helps us make sure we can best help you reach your health care goals.

After the screening, we may reach out to you. We will ask if you would like help with your healthcare needs. We may talk with you about our case management or care coordination programs. Intensive Care Coordination Services is one of these programs.

We will contact you for a screening once every year. We may contact you sooner if your condition changes.

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)?

Intensive Care Coordination Services include ways to help you with barriers that keep you from being healthy. Intensive Care Coordination Services are provided by a diverse team, including your doctor, to support your whole person needs. We will complete a health risk screening. This will help us understand your needs. We will make a care plan with your health care goals. We will help you get care to keep you healthy. All members can get care coordination services.

Care coordination nurses help members who have complex physical health or special needs. Care coordination nurses help get health care services for:

- Members age 65 or older;
- Members with disabilities;
- Members with special health care needs
- Members receiving LTSS services
- Members with multiple chronic conditions, including behavioral health needs
- Members who need support getting care

You can refer yourself for an ICC assessment. To contact a Trillium Care Coordinator or Case Manager call Member Services at 1-877-600-5472. We will respond to you within the next business day. We also may reach out to you directly to help!



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.

Primary care will be covered for up to ninety (90) days. Behavioral health care will be covered for up to one hundred and eighty (180) days.

We make sure access to care continues for:

- Very sick 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

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/m Medicaid/pdfs/CCO_Transitions_of_Care_Policy_10.29.2019_FINAL.pdf

What are Member Connection Representatives (MCRs)?

Trillium may also use Member Connection Representatives (MCRs) to help meet your health needs. MCRs work with your primary care medical home and Trillium care coordination nurses. They may come to your home and help with things like how to remember to take your medications on time, how to remember important appointments, and how to get out and do things like shop for food. If they find that you need extra help, they will work with your care team to get you what you need to keep you healthy. If you have questions about MCRs, please call Member Services. Our contact information is on page 1.

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 a Community Advisory Council (CAC) and a Rural Advisory Council (RAC). Most of the CAC and RAC members are Trillium OHP members. The other members are from agencies and organizations that work with Trillium members. The CAC and RAC share their experiences and give advice to help improve Trillium programs. They also plan activities and programs for Trillium members and the community. We invite you to contact us if you want to serve on the CAC or RAC or if you would like more information.

To get involved, find out more about the CAC or RAC, or share an idea, please call us or visit:

<https://www.trilliumohp.com/about-us/public-notices/community-advisory-council-public-notices.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 from a provider that Trillium did not give you a referral for;
- 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, you have certain rights. You also have the responsibility to be a part of your health care. As your health care partner, we make sure your rights are guarded while we provide your health benefits. This includes providing you access to our network providers and providing information you need to make the best decisions for your health and welfare. We also honor your right to privacy and to receive care with respect and dignity.

If you are a child or are unable to make choices about your medical care, your legal guardian or agent has responsibility for ensuring your member rights on your behalf.

Member Rights

As an OHP member you have the right to:

- Be treated with respect and recognition of your dignity and your right to privacy;
- Be treated with respect with consideration for your dignity and privacy by participating providers, the same as others seeking health care benefits to which they are entitled;
- Be encouraged to work with your care team, including providers and community resources appropriate to your needs
- Pursue your Civil Rights under Title VI of the Civil Rights Act of 1964; and ORS 659A Unlawful Discrimination; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972; Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Act;

- Pursue your Civil Rights under Title VI of the Civil Rights Act and ORS 659A Unlawful Discrimination. You have a right to report a complaint of discrimination by contacting Trillium, OHA, the Bureau of Labor and Industries (BOLI) or the Office of Civil Rights (OCR);
- Receive written notice of Trillium’s nondiscrimination policy and process to report a complaint of discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, marital status, age, or disability in accordance with all applicable laws including Title VI of the Civil Rights Act and ORS Chapter 659A;
- Choose a Primary Care Provider (PCP) or service site and to make changes to those choices as permitted by Trillium administrative policies;
- Receive equal access for both males and females who are under 18 years of age to appropriate facilities, services, and treatment;
- Refer oneself directly to behavioral health or family planning services without getting a referral from a PCP or other participating provider;
- Have a friend, family member, or advocate present during appointments or other services as needed within clinical guidelines;
- Be actively involved in the development of your treatment plan, decision making about your health care, and to have family involved in such treatment planning;
- An open discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage;
- Be given information about your condition, covered and non-covered services, to allow you to make an informed decision about proposed treatments;

- Consent to treatment or refuse services and be told of the consequences of that decision, except for court ordered services;
- Have a consistent and stable relationship with the care team that is responsible for your comprehensive care management;
- Complete a statement of wishes for treatment, including the right to accept or refuse medical, surgical, or behavioral health treatment and the right to execute directives and powers of attorney for health care;
- Receive information about Trillium, its services, its practitioners and providers, member rights, and responsibilities.
- Receive written materials about benefits available, how to access services, and what to do in an emergency;
- Make recommendations regarding Trillium's member rights and responsibilities policy;
- Have written materials explained in a manner that is easy to understand and be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system;
- If you also have Medicare coverage; to receive information about your coverage within 30 days of joining the Trillium plan and by request at least once a year;
- Receive culturally appropriate services in your preferred language, and supports in locations close to where you live or seek services you need. Choice of providers within the Trillium network that are, if available, offered in non-traditional settings that are easy to get to for families, diverse communities, and underserved people;

- Receive oversight, care coordination and transition, and planning management from Trillium to ensure culturally appropriate community-based care, in your preferred language, is provided in a way that serves you in a natural and integrated environment and that avoids the use of institutional care;
- Receive necessary and reasonable services to diagnose the presenting condition;
- Receive integrated person-centered care and services designed to provide choice, independence, dignity and that meet generally accepted standards of practice and are medically appropriate;
- Receive help in navigating the health care delivery system and in getting access to community and social support services and statewide resources. This includes but is not limited to the use of certified or qualified health care interpreters, advocates, community health workers, peer wellness specialists, and personal health navigators who are part of your care team to provide cultural and linguistic help tailored to your need and to help you access needed services and take part in matters having an effect your care and services;
- Obtain covered preventive services;
- To have access to covered services, which have equal access available to others serviced by Trillium;
- Have access to urgent and emergency services 24 hours a day, seven days a week without prior authorization;
- Receive a referral to specialty providers for medically appropriate covered coordinated care services as indicated in Trillium referral policies;
- Have any cost sharing comply with the Oregon Health Plan rules;
- To receive notification of your responsibility for paying co-payment for some services as specified by the Oregon Health Plan rules;

- Have a clinical record maintained that documents conditions, services received, and referrals made;
- Have access to your own clinical record, and receive a copy, unless restricted by statute, and to request that the record be amended or corrected;
- Transfer of a copy of your clinical record to another provider;
- Be able to make a complaint or appeal with Trillium about Trillium or the care it provides and receive a response;
- Receive written notices before a denial of, or change in, a benefit or service level is made, unless notice is not required by federal or state regulations;
- Request a contested case hearing;
- Have a right to exercise your member rights and the exercise of those rights not negatively affect the way Trillium, its staff, subcontractors, participating providers or OHA, treat you. Trillium will not discriminate in any way against you when you exercise your rights under the Oregon Health Plan; Receive certified or qualified health care interpreter services;
- Receive a notice of an appointment cancellation in a timely manner;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other federal regulations on the use of restraints and seclusion;
- When available provide information to Trillium for electronic communications
- To have electronic information from Trillium by request, this does not include notice related to an Adverse Benefit Action or any portion of the Grievance, Appeal, Contested Case Hearing or any other Member rights or Member Protection process's;

- To have materials provided in an electronic format with alternative language and formats available as requested;
- To have HIPAA requirements satisfied with respect to personal health information;
- To have Trillium maintain identical electronic information received in written format upon request;
- To report Fraud, Waste and Abuse anonymously and to be protected under applicable Whistleblower laws.
- To work with Trillium staff who fully understand all policies. These policies include Enrollment, Disenrollment, Fraud, Waste and Abuse, Grievance and Appeal, and advance directive. These policies also include Certified or Qualified Health Care Interpreter services and which Participating Provider's offices have bilingual services.

Member Responsibilities

As an OHP member, you agree to:

- Choose or help with assignment to a PCP or service site;
- Treat Trillium, providers, and clinic staff members with respect;
- Be on time for appointments made with providers and to call in advance to cancel if unable to keep the appointment or if expected to be late;
- Seek periodic health exams and preventive services from the PCP or clinic;
- Use the PCP or clinic for diagnostic and other care except in an emergency;
- Obtain a referral to a specialist from your PCP or clinic before seeking care from a specialist unless self-referral to the specialist is allowed;

- Use urgent and emergency services appropriately and notify your PCP or clinic within 72 hours of using emergency services;
- Give accurate information to Trillium and your providers needed to provide care and include in your clinical record;
- Help your provider or clinic obtain your clinical records from other providers that may include signing an authorization for release of information;
- Ask questions about conditions, treatments, and other issues related to your care that you do not know;
- Use information provided by Trillium providers or care teams to make informed decisions about treatment before it is given;
- Know your health problems and take part in developing mutually agreed-upon treatment goals and a treatment plan, to the degree you can;
- Follow treatment plans and instructions for care that you have agreed to with your practitioner;
- Tell the provider that your health care is covered under Trillium before services are received and, if requested, show the provider your Trillium Member ID card;
- Tell Oregon Health Plan of a change of address or phone number;
- Tell Oregon Health Plan if you become pregnant and notify Oregon Health Plan of the birth of your child;
- Tell Oregon Health Plan if any family members move in or out of the household;
- Tell Oregon Health Plan if there is any other insurance available;
- Help Trillium in pursuing any third-party resources available and reimburse Trillium the amount of benefits it paid for an injury from any recovery received from that injury; and

- Bring issues, complaints, or grievances to the attention of the Trillium.

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;
- 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 the building for your appointment opens unless requested by the member or, as applicable, the Member’s 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
 - 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.

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
- 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.

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

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 Emanuel Medical Center

1225 NE 2nd Avenue
Portland, OR 97232
503-413-2200

Legacy Meridian Park Hospital

19300 SW 65th Avenue
Tualatin, OR 97062
503-692-1212

Legacy Mt Hood Medical Center

24800 SE Stark Street
Gresham, OR 97030
503-413-4048

Legacy Good Samaritan Hospital and Medical Center

1015 NW 22nd Avenue
Portland, OR 97210
503-413-6129

Oregon Health & Science University

3181 SW Sam Jackson Park Road
Portland, OR 97239
503-494-8760

Portland Adventist Medical Center

10123 SE Market Street
Portland, OR 97216
503-261-6610

Tuality Community Hospital

335 SE 8th Avenue
Hillsboro, OR 97123
503-681-1111

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 if I need help from a Doula, Peer Support Specialist, Peer Wellness Specialist, Personal Health Navigator, or Community Health Worker?

Traditional Health Workers (THWs) help people in their communities, providing physical and behavioral health services. There are five traditional health worker types that Trillium covers and provides member access to, which will support your unique needs:

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

Our THW Liaison (point person) is Massarra Eiwaz-Ransom. If you would like access to a THW, please call 1-877-600-5472 and/or send a request to THW@TrilliumCHP.com and we will connect you with a group or person who can help with your needs. You can also access this information at:

<https://www.trilliumohp.com/members/oregon-health-plan/wellness/traditional-health-workers.htm>

What if I want a second opinion?

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. If you want to see a provider outside our network, you or your provider will need to get our approval first.

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.

What if I need care right away?

If you are new to Trillium and you 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 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?

If you think you need to see a specialist or other provider, talk to your PCP first. In most cases your PCP must arrange your care with the specialist or other health care provider.

What if I need have Special Health Care Needs? What if I am receiving Long Term Supports and Services?

You can self-refer to care for physical or behavioral health specialists. This means that you can pick a provider for medically appropriate care without asking your primary treating physician.

If you need help, call 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.
- Emergency room care. Use our Find-a-Provider to choose a provider.
- Drug and alcohol treatment. Use our Find-a-Provider to choose a provider.
- Routine women’s annual exams and preventive women’s health care services. These include but are not limited to prenatal care, breast exams, mammograms, and Pap tests. Use our Find-a-Provider to choose a provider.
- Pregnancy care. Use our Find-a-Provider to choose a provider.
- Sexual abuse exams. Call Trillium Member Services.
- 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.

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.

Some examples of services covered by OHP that are not provided by Trillium are:

<p style="text-align: center;">CCO Non Covered Health Services</p>	<p style="text-align: center;">Care Coordination Available from CCO</p>	<p style="text-align: center;">Transportation available through CCO</p>	<p style="text-align: center;">Who to Contact</p>
<p>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.</p>	No	No	<p>KEPRO Care Coordination Team at (800)562-4620</p>
<p>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.</p>	No	No	<p>KEPRO Care Coordination Team at (800)562-4620</p>
<p>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.</p>	No	No	<p>KEPRO Care Coordination Team at (800)562-4620</p>

<p>Administrative examinations requested or authorized in accordance with OAR 410-130-0230; -Allows members to have specialized examinations when under certain levels of care.</p>	No	No	KEPRO Care Coordination Team at (800)562-4620
<p>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.</p>	No	No	KEPRO Care Coordination Team at (800)562-4620
<p>Abortions -Allows members to have access to pregnancy termination services.</p>	No	No	KEPRO Care Coordination Team at (800)562-4620
<p>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.</p>	No	No	Trillium Member Services – 877-600-5472
<p>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</p>	Yes	Yes	Trillium Member Services – 877-600-5472

<p>Assisting members in gaining access to certain behavioral health services. Examples of such services include, but are not limited to:</p> <ul style="list-style-type: none"> 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. <p>For more information or a complete list about these certain behavioral health services, call Trillium Member Services.</p>	<p>Yes</p>	<p>Yes</p>	<p>Trillium Member Services – 877-600-5472</p>
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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?”** on page 55.

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, or 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 www.trilliumohp.com/members/oregon-health-plan/members/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 covers doctor visits, prescriptions, hospital stays, dental care, mental health services, and help with addiction to tobacco, alcohol, and drugs. 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.

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 offers telehealth through Teladoc Health, Inc. Your provider will help you set up your telehealth visit. Call your provider to make an appointment.

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 2021, 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.

Patient Choice and Accommodations:

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 pages 1 and 2 of this handbook).

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.

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:

- Well-child exams;
- 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**.

Summary of Benefits Checklist

Doctor Visits	Your Cost	Authorization/Referral	Limits to Care
Primary care provider	\$0	Not required	No limit with assigned PCP
Specialist	\$0	Referral required from your PCP, except for dental, women's health, or behavioral health providers	Number of visits based on plan's approval
Preventive Services	Your Cost	Authorization/Referral	Limits to Care
Well-Child visits for babies, children, and teens	\$0	Not required	As recommended
Routine physicals	\$0	Not required	As recommended
Well-women visits	\$0	Not required	As recommended
Mammograms (breast x-rays) for women	\$0	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 (up to a 30-day supply)	Your Cost	Authorization/ Referral	Limits to Care
Many but not all drugs are available with a provider's prescription. A full list can be found in our 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
Laboratory and X-Ray	Your Cost	Authorization/ Referral	Limits to Care
Blood draw	\$0	Referral required	No limit
X-Rays	\$0	Referral required	No limit
CT scans	\$0	Authorization required	No limit
MRIs	\$0	Authorization required	No limit
Immunizations/ Shots	Your Cost	Authorization/ Referral	Limits to Care
Vaccines	\$0 for recommended vaccines	Not Required	As Recommended

Pregnancy Care	Your Cost	Authorization/ Referral	Limits to Care
Prenatal visits with your provider	\$0	Not required	No limit
Postpartum care (the care you get after your baby is born)	\$0	Not required	No limit
Routine vision services	\$0	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	Your Cost	Authorization/ Referral	Limits to Care
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	Your Cost	Authorization/ Referral	Limits to Care
Emergencies	\$0	Not required	No limit
Scheduled surgery	\$0	Authorization required	No limit
Therapy	Your Cost	Authorization/ Referral	Limits to Care
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	Your Cost	Authorization/ Referral	Limits to Care
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	Your Cost	Authorization/Referral	Limits to Care
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
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
Hospice	\$0	Authorization 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 (Behavioral Health) - Peer Wellness Specialist (Behavioral Health) - Personal Health Navigator - Community Health Worker	\$0	Contact Trillium Peer Support Specialist (Behavioral Health) with an organization or person who can help with your particular needs.	No limit

Behavioral Health	Your Cost	Authorization/ Referral	Limits to Care
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 25 visits
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

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 only for a few conditions. Non-routine vision services require a referral 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 a medication for you that is not on the Trillium list, we will consider the request and let you know whether it was 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 www.trilliumohp.com 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 Homescripts Pharmacy both provide mail order services. If you have the Internet you can search for mail order information at:

www.trilliumohp.com/memberhandbook 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 from \$3.60 to \$8.95. 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.

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.

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

Ambulance services

Ambulance services are covered in case of emergencies. **If you use an ambulance for something that you do not think is an emergency, you may have to pay the bill.**

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?

Always call your PCP's office first about any health problem. 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 don't know whether to go to urgent care or the emergency room, follow these steps. If you need an interpreter, please let the clinic know.

1. Call your doctor or dentist.
2. If you can't reach your doctor or dentist, call Trillium Member Services at 1-877-600-5472, TTY 711 or your dental plan.

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

Molalla Urgent Care

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

Uptown Providers PC

7033 NE Sandy Boulevard
Portland, OR 97213
503-305-6262

Uptown Providers PC

25 NW 23rd Place Suite 11
Portland, OR 97210
503-305-6262

Uptown Providers PC

14278 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 page 91 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?

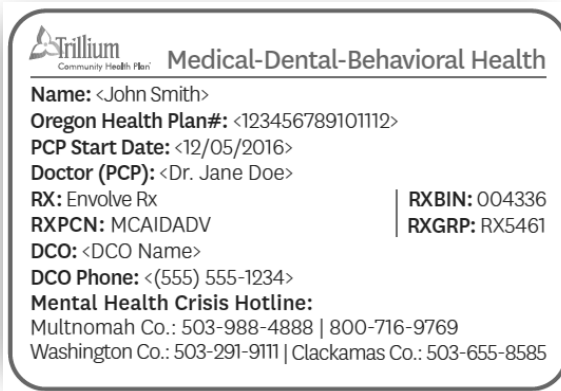
Dental services are part of your benefits. Getting regular dental exams for preventive care is important to your overall health and can help prevent dental disease. If you need help with your dental services, call Trillium. We are here to help you get the care you need.

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.



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 your dental plan's provider directory, found on their website. Or, you can call their office and they will help arrange your first appointment with a PCD.

Advantage Dental Services

Provider Directory

<https://providerportal.advantagedental.com/provider/search>

Customer Service

Toll-free **1-866-268-9631**

TTY **711**

Capitol Dental Care

Provider Directory

<https://www.interdent.com/capitoldentalcare/members/list-of-providers/>

Customer Service

Toll-free **1-800-525-6800**

TTY **1-800-735-2900**

Oregon Dental Service

Provider Directory

<https://www.odsccommunitydental.com/members/provider-search>

Customer Service

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

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 dentist will:

- Keep your dental records in one place to give you better service;
- Provide access to 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 or TTY 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.

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 Dental 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
X-rays	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 and 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.

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.

Important: Always contact your PCD prior to going to an urgent care center or an emergency room. Your PCD will be able to help you make the right choice for your dental problem. The emergency room and urgent care center do not treat non-emergency problems.

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

What do I do if I have a dental emergency or need urgent dental care?

If you have already seen a dentist who is your PCD, call them directly. If it is after hours, the answering service will forward your call to an on-call dentist, who will call you back. They will decide if you need to go to an emergency room, to an urgent care center, or if you should make an appointment with your PCD for the next business day.

If you do not have a PCD assignment yet, call your assigned dental plan at the phone number on your ID card and they will help you.

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). 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.
- If 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 and 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).

- 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.

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.

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

If you have a mental health emergency and cannot return to Washington, Clackamas, and Multnomah for treatment, you may go to the nearest hospital emergency room. 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 877-583-1552 or TTY 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 the address on page 1.

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.

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 we **deny, stop, or reduce** a service your provider has ordered, we will mail you a **Notice of Action** letter explaining why we made that decision. The letter will explain how to appeal (ask us to change our decision). You have a right to ask to change it through an appeal and a state fair hearing. You must first ask for an appeal no more than 60 days from the date on the Notice of Action letter.

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. They need to have your written 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;
- 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** 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.

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 3 workdays, Trillium will mail you a written letter that states the decision.

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**.

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. If you get a bill, call Customer 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 will have to pay for services not covered by OHP if you sign a detailed Agreement to pay for that specific service before you receive it. This agreement must contain a list of all services and how much they cost.

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 on page 94 for each bill you get.

How do I share my end-of-life decisions?

End-of-life decisions and Advance Directives (Living Wills) 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/Documents/Advance-Directive.pdf>

If you write an Advance Directive, be sure to talk to your providers and your family about it and give them copies. They can only follow your instructions if they have them. If you change your mind, you can cancel your Advance Directive 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.

OHA Complaint Form (English)

https://aixxweb1p.state.or.us/es_xweb/DHSforms/Served/he3001.pdf

OHA Complaint Form (Spanish)

https://aixxweb1p.state.or.us/es_xweb/DHSforms/Served/hs3001.pdf

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.hclc@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 the address on page 1.

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
www.healthoregon.org/hcrqi.

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

As a member, you have the right to report Fraud, Waste and Abuse anonymously and to be protected under applicable Whistleblower laws. 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 number **1-866-685-8664**

Member Services

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

In Person

13221 SW 68th Parkway, Ste. 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 number 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-FRAUDo1 (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-FRAUDo1 (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).



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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TTY: 711

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