OUR MISSION
As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES
Respect, Compassion, Justice, Excellence, Stewardship

Providence Oregon Option Customer Service
P.O. Box 4327
Portland, OR 97208-4327
503-574-8200 or 1-800-898-8174; TTY: 711

www.ProvidenceHealthPlan.com/ohp
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What is the Providence Oregon Option handbook about?

This handbook gives you important information about the Providence Oregon Option plan provided by Providence Health Assurance through the Oregon Health Plan (OHP). This handbook will help you use your Providence Oregon Option health plan; please read it carefully and keep it for future reference.

It’s important for you to learn how your plan works- what the rules are and what services are available to you. We encourage you to set aside some time to look through this handbook.

If you are confused, concerned, or just have questions, please contact your Customer Service Team at the number listed on the next page.

What other materials will you get?

- The Client Handbook for the Oregon Health Plan, sent to you by the State of Oregon on request by calling 800-273-0557. TTY 711. The Client Handbook gives you important information about:
  - Covered and non-covered medical services
  - Dental plan information
  - Mental health plan information
  - Your rights and responsibilities as a member
  - Solving problems, including the complaint and appeal process

- The Providence Oregon Option Provider Directory. The Provider Directory lists Providence Oregon Option participating primary care physicians and providers (PCPs), specialists, women’s health care providers, urgent care facilities, and hospitals that you may choose to see.

- Division of Medical Assistance Programs (DMAP) coverage letter. Your DMAP Coverage Letter will tell you which plan you are on- OHP Standard Plan or OHP Plus Plan.
• **Providence Oregon Option membership card.** While you are a member of our plan, you must use your membership card whenever you get any services covered by this plan. You will receive your card once you choose a Primary Care Physician. Here’s a sample membership card to show you what yours will look like:

![Sample Membership Card](image)

For emergencies dial 9-1-1 or go to the nearest hospital emergency room. For non-urgent medical advice, call Providence RN: 503-574-6520 or 1-800-700-0481  
Customer Service: 503-574-8200 or 1-800-898-8174 (TTY: 711)  
Send claims to: Providence Health Plan (PHP)  
P.O. Box 3125, Portland, OR 97208-3125  
Argus BIN# 600428 Control # 01420000  
Possession of this card does not in itself guarantee the benefits of Plan benefits.
• Your DMAP Medical Care Identification (ID) When you become an Oregon Health Plan client, the Division of Medical Assistance Programs (DMAP) will mail you your medical care identification (ID) when you enroll in the plan. It is important to carry this identification with you whenever you receive services covered by the Oregon Health Plan. Here’s a sample DMAP medical care ID:

<table>
<thead>
<tr>
<th>DHS Medical Care ID</th>
<th>Clients – Coverage questions? Call 800-273-0557.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td>Providers – This card does not guarantee coverage. Verify coverage at: <a href="https://www.or-medicaid.gov">https://www.or-medicaid.gov</a> or by calling 866-692-3864.</td>
</tr>
<tr>
<td>Client ID #:</td>
<td>Billing questions? Call 800-336-6016.</td>
</tr>
<tr>
<td>XX12345XX</td>
<td></td>
</tr>
<tr>
<td>Date card issued:</td>
<td></td>
</tr>
<tr>
<td>12/09/08</td>
<td></td>
</tr>
</tbody>
</table>

Front

Back
Have questions or need help?

Our Providence Oregon Option Customer Service Team representatives are specially trained to help you use your Providence Oregon Option health plan. Call the Providence Oregon Option Customer Service Team to:

- Get help choosing a Primary Care Provider (PCP) for you and each covered member of your family.
- Tell us the name(s) of your PCP choice(s).
- Assist you if you need services right away before you have time to choose and see your PCP.
- Change to a different PCP.
- Get answers to any questions you have after reading your handbooks.
- Arrange for an interpreter (language or sign) to be with you at a medical appointment.
- To arrange for assistance with complex medical and/or special needs through our Exceptional Needs Care Coordinator (ENCC).
- Address complaints or concerns.
- Request information about our physician payment arrangements.

Call us, write us, or find us on the web!

| Providence Oregon Option Customer Service Team | 503-574-8200 | 1-800-898-8174 |
| Monday- Friday, 8am-5pm | TTY (for the hearing impaired): 711 |
| Mail: | P.O. Box 4327 |
| | Portland, OR 97208-4327 |
| Physical Address: | 3601 SW Murray Blvd |
| | Beaverton, OR 97008 |
| Web: | www.providence.org/php/ohp |

Call DMAP or your Department of Human Services (DHS) worker if:

- You move or have other changes in your status after filling out your enrollment form.
- You lose your DMAP medical care ID.
- You learn you are pregnant.
- You have a new baby.
- You have no means of transportation for appointments. Call at least 48 hours in advance, if possible.

| DMAP | 1-800-699-9075, TTY 711 |
Alternate Formats

This handbook and other informational material are available in other formats including:

- Other languages
- Large print
- CD
- Braille
- Oral presentation- a Customer Service representative will be happy to read information to you

Call your Customer Service Team to request the format you need. You will not be penalized in any way for asking for this information.

Interpreter Services

The Customer Service Team or your provider of medical services will order all interpreter services. Please call your Customer Service Team or your provider to arrange for interpreter services, including sign language interpretation. Providence will provide interpreter services at no cost to you.

If You Need Services Now

Call the Customer Service Team if you are unable to see a PCP in your first month of enrollment and need to obtain:

- Prescriptions
- Supplies
- Other necessary items or services

The Customer Service Team will help make arrangements for these items, services or appointments.

Dual Eligibles (Medicaid/Medicare)

Some people are eligible for both Medicaid and Medicare health benefits. They are called “dual eligible.” Providence requires that dual eligible members enroll in our Providence Medicare Advantage plan. If you are dual eligible, Providence Health Assurance will coordinate your Medicare covered services with your Medicaid covered services.

- If you receive a Medicare Explanation of Benefits (EOB) denying any of your Medicare covered services, do not be alarmed. Send your EOB to Providence Health Assurance at the address listed on the back cover of this book.
- You are not responsible for paying the coinsurance and deductible unless you get care from a non-participating provider for services that were not referred by your Providence Health Assurance Primary Care Physician or Provider.
Getting Started

1. Read this handbook carefully.

2. Choose a Primary Care Provider.
   a. You may pick your Primary Care Provider (PCP) from the Provider Directory, included in this packet, online, or with a Customer Service Representative.
   b. The PCP(s) that you choose should be located close to you for your convenience.
   c. Each covered family member may choose the same PCP or may choose different PCPs.
   d. If you do not choose a PCP, we will assign one for you. If you wish to change the PCP that we assigned to you, please call the Customer Service Team.

3. Call the Customer Service Team to tell a representative who you have chosen as your PCP.

4. We will send you your Providence Oregon Option Member ID, which will have the name of your PCP and their phone number listed on it for your convenience.
   a. This ID is very important. You must present both your Providence Oregon Option Member ID and your DMAP ID whenever you need medical care.
   b. If you lose your Providence Oregon Option Member ID, please contact the Customer Service Team and they will send you a new card.

Appointments

Making an Appointment

Each Providence Oregon Option PCP has routine office hours. Most offices are open from 9 a.m. to 5 p.m. or later. When making an appointment, please remember to:

- Call during business hours to speak to someone.
- Always tell the office you are a Providence Oregon Option member.
- If your PCP is new to you, schedule an appointment to discuss your medical history and get needed preventive health care.
- Make regular appointments for preventive care, such as immunizations (shots) and periodic health exams.
- Make appointments to take care of health problems and illnesses so they don’t become emergencies. Follow the treatment you agree upon with your PCP.

Going to Your Appointment

- Take your DMAP medical care ID and your Providence Oregon Option Member ID with you.
- Make a list of what you need to discuss with your PCP so you remember to discuss important health concerns.
- Call the Customer Service Team two days before your appointment if you need help arranging transportation to your appointment.
Cancelling Appointments

- Keeping your appointment is very important. If you cannot keep an appointment, please call your doctor’s office and cancel. **Do this as soon as you can** so that your PCP use this time for other patients. Remember, your PCP’s number is on your Providence Member ID.
- Please reschedule appointments your doctor told you to make.

### Referrals from Your Primary Care Provider

You and your PCP decide when you need to:

- See a specialist.
- Go to the hospital.
- Have skilled nursing care.
- Have inpatient or outpatient surgery.
- Get a second opinion
- Have special tests, therapy evaluations and treatment done.
- Take prescription drugs.

When your PCP decides you need specialty or hospital care, they will discuss it with you. Your PCP will refer you to a Providence Health Oregon Option participating specialist or participating hospital for further treatment. If you want to find out if a specialist is participating with Providence Health Assurance, call the Customer Service Team or check online at our website.

Your PCP may need to contact Providence Health Assurance for authorization for some services. If you visit a specialist before you have authorization, you may have to pay for the visit yourself.

Services that do not require a referral from your PCP:

- Family planning services: You may go to any family planning clinic, doctor, or medical provider who will take your DMAP Medical Care ID. You also can see your PCP for these services. Family planning services include birth control supplies, counseling and sterilization. Sterilizations are not performed routinely in participating hospitals.
- Abortion services: These services are covered directly by the State, not through Providence Health Assurance. You may go to any provider who will accept your DMAP medical care ID for this service.
- Outpatient chemical dependency (alcohol and drug) services: Call your Customer Service Team to learn more about these services.
- Emergency services: If you believe you have a serious health crisis, call 9-1-1 or go to the nearest hospital emergency room.
Prescriptions

You and your PCP will decide what medications you need to take. Your PCP will discuss with you how and when they should be taken.

Going to the pharmacy

- Take your prescription to a Providence Health Assurance participating pharmacy. A pharmacy provider list is in your PCP Provider Directory or you may go online to our website to search our directory.
- Bring both your DMAP medical care ID and your Providence Oregon Option member ID with you.
- Use the same pharmacy each time you get your medications. This will give you the best quality care because your pharmacist will know your medication history.

Prescription Drug Formulary

Providence Health Assurance has a list of prescription and over-the-counter drugs. This list, called a drug formulary, is given to your PCP. If your provider wants to prescribe a drug that is not on our formulary, they will need to request an exception.

Family Planning

Providence is responsible for providing family planning services such as birth control supplies, counseling, and sterilization. Sterilizations are not performed routinely in participating hospitals.

You may receive these services from your PCP, another family planning clinic, or from any provider who will take your DMAP medical care ID.

Maternity Care

Pregnancy services are available, without cost, to all Providence Health Oregon Option members. We can help you with information, referrals to community agencies, and coordination of all the services you need during pregnancy. Providence Health Oregon Option provides high-risk maternity case management services as needed, together with your maternity care provider.

Either your maternity care provider will ask Providence Health Assurance for a case management assessment or Providence Health Assurance will contact your provider to begin case management. Please talk to your provider about these services or call your Customer Service Team.
Newborn Enrollment

Contact your Department of Human Services (DHS) worker as soon as you know you are pregnant. It is very important that you notify your DHS worker and Providence Health Assurance of your baby’s birth as soon as possible so your baby gets the correct medical coverage. Providence Health Assurance is unable to cover your newborn until you have notified your DHS worker of their birth.

Please note: Even though you may no longer be eligible for coverage once you give birth, your child may be eligible for health coverage for one year after their date of birth.

Outpatient Alcohol and Drug Services

Providence Health Assurance covers outpatient chemical dependency (alcohol and drug) services. These services include outpatient, intensive outpatient detoxification, hospital and methadone maintenance. To see a chemical dependency provider, call your Customer Service Team.

Mental Health Services

Mental health services include an assessment, case management, therapy, medication management and inpatient psychiatric care from the appropriate mental health organization (MHO) based on the county you live in. See your DMAP coverage letter for the name and phone number of your MHO.

You do not need a referral from your PCP for mental health services.

Vision Services

The Oregon Health Plan only covers vision services if you are pregnant, are under the age of 21, or have a qualifying condition. Call your Customer Service Team if you have questions about whether you qualify for vision services.

Contact your PCP for other eye problems, such as injury or infection. Your PCP will refer you for specialty care if needed.

Exceptional Needs Care Coordinator (ENCC)

The ENCC assists members who have complex medical and/or special needs. If you have special medical, supply or equipment needs, or need more support services in obtaining care, you may request help from an ENCC.

<table>
<thead>
<tr>
<th>ENCC</th>
<th>(503) 574-8200</th>
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<tbody>
<tr>
<td></td>
<td>1-800-898-8174</td>
</tr>
<tr>
<td></td>
<td>TTY, for the hearing impaired: 711</td>
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</tbody>
</table>
Health Education Resources

- Providence RN Medical Advice Line: Providence RN is a free medical advice line for Providence Health Assurance members. You can call with your health questions 24 hours a day, seven days a week.

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<thead>
<tr>
<th>Medical Advice Line</th>
<th>(503) 574-6520</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1-800-700-0481</td>
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<td></td>
<td>TTY, for the hearing impaired: 711</td>
</tr>
</tbody>
</table>

- Providence Resource Line: Providence Resource Line connects you to information and services that may enhance your health. Call Providence Resource Line for:

  - Help in choosing a physician or provider.
  - Stop smoking services.
  - Information on classes, services and programs.
  - Information on self-help materials.

<table>
<thead>
<tr>
<th>Resource Line</th>
<th>(503) 574-6595</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1-800-562-9864</td>
</tr>
<tr>
<td></td>
<td>TTY, for the hearing impaired: 711</td>
</tr>
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</table>

- Oregon Tobacco Quit Line: The Oregon Tobacco Quit Line is a telephone-based assistance program that helps you quit tobacco.

<table>
<thead>
<tr>
<th>Tobacco Quit Line</th>
<th>1-800-784-8669</th>
</tr>
</thead>
<tbody>
<tr>
<td>Web</td>
<td><a href="http://www.quitnow.net/oregon">www.quitnow.net/oregon</a></td>
</tr>
<tr>
<td>TTY, for the hearing impaired: 1-877-777-6534</td>
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</tbody>
</table>

- LifeBalance: LifeBalance gives Providence Health Assurance members discounts on health and fitness activities throughout Oregon. LifeBalance works with more than 100 local fitness clubs in Oregon, including Gold’s Gym, 24 Hour Fitness and FitLife clubs. Providence Health Assurance members receive free trial memberships and reduced fees. You can learn more about LifeBalance by getting a LifeBalance Directory. Please have your Providence Oregon Option member ID with you when you request LifeBalance discounts.

<table>
<thead>
<tr>
<th>LifeBalance</th>
<th>(503) 234-1375</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1-888-754-5433</td>
</tr>
<tr>
<td>Web</td>
<td><a href="http://www.lifebalanceprogram.com">www.lifebalanceprogram.com</a></td>
</tr>
</tbody>
</table>
• After-Hours Care: After-hours care is medical care you need when your PCP’s office is closed. Call your PCP and, if necessary, they can make arrangements for you to get care before the office is open again.

• Urgent Care: Urgent care is care needed to prevent serious harm to your health from an unforeseen illness or an injury. Care for a condition that already exists – care that can be foreseen – is not considered to be “urgent care.”

Urgent care can happen during the day or after your PCP’s regular office hours. Please follow these steps to obtain urgent care:

• Call:
  • Call your PCP’s office, 24 hours a day, seven days a week. Your PCP’s phone number is on your Providence Oregon Option membership card.
  • You can also call Providence RN Medical Advice Line 24 hours a day

<table>
<thead>
<tr>
<th>Medical Advice Line</th>
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<tr>
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<tr>
<td></td>
<td>TTY, for the hearing impaired: 711</td>
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</tbody>
</table>

Your PCP, their medical staff, or the Providence RN Medical Advice nurse can decide if you need urgent care and will help you find the nearest facility.

Emergency Care: Emergency care is available 24 hours a day, seven days a week. Emergencies are severe symptoms that lead you to believe your health, or if you are pregnant, the health of your unborn child, will be in serious danger if you don’t get help right away. Prior authorization is not required for emergency services. In the event of an emergency, Providence Health Assurance pays for ambulance transportation for its members.

Some examples of emergencies are:
• Chest pain
• Trouble breathing
• Severe cuts or burns
• Loss of consciousness/blackout
• Bleeding that does not stop
• Vomiting blood
• Broken bones

If you or a family member has an emergency, call 911 or go to the nearest emergency room right away.

Do not use the hospital emergency room for your routine care.
Follow-up to Emergency or Urgent Care

As soon as possible after you are released from the emergency room or from an urgent care clinic, call your PCP. Tell your provider where you were treated and why. Your PCP will handle all your follow-up care and schedule another appointment if needed.

If your problem is not a true emergency, Providence Health Assurance will still pay for the evaluation. However, your symptoms must make you believe your health was in danger.

Emergency Care When You’re Away From Home

If you are traveling outside the Providence Health Assurance service area and have an emergency, go to the nearest emergency room or call 911.

Medical care is not covered outside of the United States.

Complaint and Appeal Process

If you have a concern or complaint:

- If you have a complaint or grievance (are dissatisfied), please contact your physician or provider or the Customer Service Team in person, by phone or in writing. We will look into both medical and non-medical problems.
- You will receive a response from Providence Health Assurance within five working days.
- You need to give us permission to investigate your complaint. Without your consent, we may not be able to help you.
- All information about your complaint is private.
- If you are not satisfied with the outcome, you may contact the Client Advisory Services Unit at 1-800-273-0557.
If you want to appeal a denial of a service:

- An appeal is a request that you can make to have Providence Health Assurance review a decision that has been made. Call or write to the Providence Oregon Option Customer Service Team within 45 days of the denial to the address or phone number on the back cover of this booklet. We will review your appeal and give you a decision within 16 days.
- You may receive the response from Providence Health Assurance on a Notice of Action form. The Notice of Action form will tell you what decision Providence Health Assurance has made and what to do if you disagree with the decision.
- You may continue to receive services while we review your appeal request; however, you may have to pay for services you received if our original denial is upheld.
- **You have the right to request an Administrative Hearing through the state at any time.** An Administrative Hearing is an opportunity for you to explain to an administrative law judge why you disagree with decisions made by Providence Health Assurance. You can call the DMAP Hearings Unit directly, or contact the Customer Service Team. If you request an Administrative Hearing and we have not reviewed it as an appeal, the state will send us a copy of the hearing request to look into. You have the right to obtain representation for the hearing.
- If you believe your medical problem cannot wait for review, tell your caseworker you want a fast, or expedited, review.

If you need assistance with filing an appeal or grievance, contact your case worker or customer service. You also may call 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. Legal Aid information can also be found at [www.oregonlawhelp.org](http://www.oregonlawhelp.org)

Even if you decide not to file a complaint, your provider has the right to appeal and attempt to overturn a decision if Providence Health Assurance doesn’t cover a service.

**Dual Eligible:**

If you also have Medicare, you may have additional appeal rights. Contact the Customer Service Team for more information.

**Access to Clinical Records**

You may have access to your clinical record unless your provider believes the release would be harmful to you. Plans and their providers must provide copies within ten (10) working days of the request from the member. If you would like a copy of your records, contact your provider, whose phone number you can find on the back of your Providence membership card, or call your Customer Service Team. Plans and their providers may charge you reasonable costs for copies.
**Advanced Directives**

Every adult in Oregon has the right to make decisions about their medical treatment. This includes the right to accept or refuse medical treatment and to fill out an “Advanced Directive” form. Advanced Directives are documents that tell doctors what you want done or not done if you can’t speak for yourself.

A copy of “Making Health Care Decisions When You Can’t Speak for Yourself” is available to all members when requested. It explains the law, includes the complete Advance Directive form, and tells you how to complete it if you wish.

If you have questions about Advanced Directives, call your Customer Service Team today. It is important to have your health care decisions known and followed.

**Disenrollment**

You may choose to disenroll (leave) Providence Health Assurance at any time. You will not be penalized in any way for choosing to leave Providence Health Assurance.

Providence Health Assurance may choose to disenroll you for various reasons including:
- If you move outside of the Providence Health Assurance service area. If you move, you must contact your DHS worker.
- If you commit fraudulent or illegal acts, or you are abusive to staff or property, Providence Health Assurance could request that you be disenrolled.

If you would like to disenroll or get more information about disenrollment, contact your case worker.

**Physician Reimbursement**

You may ask if Providence Health Assurance has special financial arrangements with our physicians that can affect the use of referrals and other services. Call the Customer Service Team to request this information.

**Structure and Operation of Providence Health Assurance**

You may request information on how Providence Health Assurance is structured and operated. Call the Customer Service Team to request this information.
Member Rights and Responsibilities

You have the right:

- To be treated with dignity and respect.
- To be treated by providers the same as other people seeking health care benefits to which you are entitled.
- To obtain covered substance abuse treatment, family planning, or related services without a referral.
- To have a friend, family member, or advocate present during appointments and at other times as needed within clinical guidelines.
- To be actively involved in the development of your treatment plan.
- To receive information about your covered and non-covered-services, to allow an informed decision about proposed treatment(s).
- To consent to treatment or refuse services and be told the consequences of that decision, except for court-ordered services.
- To receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency.
- To receive necessary and reasonable services to diagnose the presenting condition.
- To receive covered services under the OHP which meet generally accepted standards of practice and are medically appropriate.
- To obtain covered preventive services.
- To receive a second opinion about recommended treatment options.
- To receive a referral to specialty providers for medically appropriate, covered services.
- To have a clinical record maintained which documents conditions, services received and referrals made.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, or retaliation.
- To have access to your own clinical record, unless restricted by statute, and to amend or correct those records.
- To transfer a copy of your clinical record to another provider.
- To make a statement of wishes for treatment (Advanced Directive) and obtain a power of attorney for health care.
- To receive written notice before a denial of, or change in, a service level or benefit is made, unless such notice is not required by federal or state regulations.
- To know how to make a complaint, grievance or appeal and receive a response.
- To request an Administrative Hearing with the Department of Human Services.
- To receive a notice of an appointment cancellation in a timely manner.
- To receive adequate notice of DHS privacy practices.
You have the responsibility:

- To treat all providers and personnel with respect.
- To be on time for appointments made with providers.
- To call in advance if you are going to be late or need to cancel your appointment.
- To seek periodic health exams, check-ups and preventive services from your medical, dental or mental health providers.
- To use your PCP or clinic for diagnostic and other care, except in an emergency.
- To obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist, unless self-referral is allowed.
- To use emergency and urgent care services appropriately.
- To give accurate information for inclusion in the clinical record.
- To help the provider or clinic obtain clinical records from other providers (this may include signing a release of information form).
- To ask questions about conditions, treatments and other issues related to your care that you don’t understand.
- To use information to make informed decisions about treatment before it’s given.
- To help in the creation of a treatment plan with your provider.
- To follow prescribed, agreed-upon treatment plans.
- To tell your provider you have OHP coverage and to show your medical care ID when asked.
- To tell your DHS worker of a change of address or phone number.
- To tell your DHS worker if someone in the family becomes pregnant.
- To tell your DHS worker of the birth of a child.
- To tell your DHS worker if any family members move in or out of the household.
- To tell your DHS worker if there is any other insurance available and to report any changes in insurance in a timely manner.
- To pay for non-covered services you receive.
- To pay the monthly OHP premium on time, if required.
- To assist DMAP to find any other insurance to which you are entitled and to pay DMAP the amount of benefits you received as a result of an accident or injury.
- To notify DMAP of issues, complaints or grievances.
- To sign a release so that DHS and your plan can get information that is pertinent and needed to respond to an Administrative Hearing request in an effective and efficient manner.
Confidentiality

There are federal and state laws that protect your privacy. No one may release information to anyone outside
the plan about a member, including chemical dependency or mental health treatment information without
the member’s written permission. Plans and their providers shall not release or disclose any information
without the member’s permission except for purposes directly related to the administration of the Oregon
Health Plan.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get
access to this information. Please review it carefully. At Providence Health Plans we respect the privacy and
confidentiality of your protected health information. We are sincere in our promise to ensure the
confidentiality of your information in a responsible and professional manner. We also are required by law to
maintain the privacy of your protected health information, provide you with this notice and abide by the
terms of this notice. Should any of our privacy practices change, we reserve the right to change the terms of
this notice and to make the new notice effective for all protected health information we maintain. Once
revised, we will notify you that a change has been made and post the notice on our Web site. You may also
request the new notice be mailed to you. This notice explains how we use information about you and when
we can share that information with others. It also informs you about your rights as our valued customer.
Finally, this notice provides you with information about exercising these rights.

How We Use or Share Information

We use protected health information and may share it with others as part of your treatment, payment for
your treatment, and our business operations. The following are ways we may use or share information about
you:

- We will use the information to administer your plan benefits and help pay your medical bills that have
  been submitted to us by doctors and hospitals for payment.

- We may share your information with your doctors or hospitals to help them provide medical care to
  you. For example, if you are in the hospital, we may give them access to any medical records sent to us
  by your doctor.

- We may use or share your information with others to help manage your health care. For example, we
  might talk to your doctor to suggest a disease management or wellness program that could help improve
  your health.

- We may share your information with individuals who perform business functions for us. We will only
  share your information if there is a business need to do so and if our business partner agrees to protect
  the information.

- To give you information about alternative medical treatments and programs or about health related
  products and services that you may be interested in. For example, we sometimes send out newsletters
  that let you know about “healthy living” alternatives such as smoking cessation or weight loss programs.

There are also state and federal laws that may require us to release your health information to others. We
may be required to provide information to others for the following reasons:
• We may have to give information to law enforcement agencies. For example, we are required to report when we believe there has been child abuse or neglect or domestic violence.

• We may be required by a court or administrative agency to provide information because of a search warrant or subpoena.

• We may report health information to public health agencies if we believe there is a serious health or safety threat.

• We may report health information on job-related injuries because of requirements of your state worker compensation laws.

• We may report information to the Food and Drug Administration. They are responsible for investigation or tracking of prescription drug and medical device problems.

• We may have to report information to state and federal agencies who regulate us, such as the U.S. Department of Health and Human Services, Oregon Insurance Division and the Washington Office of Insurance Commissioner.

If we use or disclose your information for any reasons other than the above, we will first get your written permission. If you give us written permission and change your mind you may revoke your written permission at any time. We will honor the revocation except to the extent that we have already relied on your permission.

NOTE: If we disclose information as a result of your written permission it may be re-disclosed by the receiving party and may no longer be protected by state and federal privacy rules. However, federal or state law may restrict re-disclosure of additional information such as HIV/AIDS information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

What Are Your Rights

You have certain rights with respect to your protected health information. These include:

• You have the right to ask us to restrict how we use or disclose your information for treatment, payment, or health care operations. You also have the right to ask us to restrict information we may give to persons involved in your care. While we may honor your request for restrictions, we are not required to agree to these restrictions.

• You have the right to submit special instructions to us regarding how we send plan information to you that contains protected health information. For example, you may request that we send your information by a specific means (for example, U.S. mail only) or to a specified address. We will accommodate reasonable requests by you as explained above. We may require that you make your request in writing.

• You have the right to inspect and obtain a copy of information that we maintain about you in a designated record set. However, you may not be permitted to inspect or obtain a copy of information that is:

  • Contained in psychotherapy notes;
  • Compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provisions of access to the individual would be prohibited by law or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR 493.3(a)(2).

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and will provide you with a right to have the denial reviewed.

We may require that your request be made in writing. We will respond to your request no later than 30 days after we receive it. If the information you request is not maintained or accessible to us on-site, we will respond to your request no later than 60 days after we receive it. If we need additional time, we will inform you of the reasons for the delay and the date that we will be able to complete action on your request.

If you request a copy, we will charge you a reasonable fee based on copying and postage costs. You may request a copy of the portion of your enrollment and claim record related to an appeal or grievance free of charge.

You have the right to ask us to amend information we maintain about you in a designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made, and we will obtain your agreement to have us notify the relevant persons you have identified with whom the amendment needs to be shared. We will notify these persons, including their business associates, of the amendment.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to rebut your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. The accounting may not include disclosures:

- For treatment, payment, and health care operations purposes;
- Made to you;
- Made in connection with a use or disclosure otherwise permitted;
- Made pursuant to your authorization;
- For a facility’s directory or to persons involved in your care or other notification purposes;
- For national security or intelligence purposes;
- To correctional institutions, law enforcement officials;
- Made as part of a limited data set for research, public health, or health care operations purposes; or
- Prior to April 14, 2003.
Additionally, if we disclosed your information for research purposes pursuant to a waiver of authorization, we may not account for each disclosure of your information. Instead, we will provide for you: (1) the name of the research protocol or activity; (2) a description of the research protocol or activity including the purpose for the research and the criteria for selecting particular records (3) a description of the type of protected health information that was disclosed; (4) the date or period of time when such disclosure occurred; and (5) the name, address, and telephone number of the entity that sponsored the research and researcher to whom the information was disclosed.

We will act on your request for an accounting within 60 days. We may need additional time to act on your request, and therefore may take up to an additional 30 days. Your first accounting will be free, and we will continue to provide to you one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving your free accounting, we may charge you a fee. We will inform you in advance of the fee and provide you with an opportunity to withdraw or modify your request.

**Exercising Your Rights**

You have a right to receive a paper copy of this notice upon request at any time.

If you have any questions about this notice or our privacy practices, please contact Customer Service at (503) 574-8200 or toll free at 1-800-898-8174. For TTY (telecommunication services for the hearing impaired), please call 711. Our office is open Monday through Friday from 9 a.m. to 5 p.m.

If you believe your privacy rights have been violated, you may file a complaint with us by writing Appeals & Grievances at:

**Providence Health Plan**

Attn: Appeals and Grievance Dept.
P.O. Box 4327
Portland, OR 97208-4327

You may also notify the Office of Civil Rights, U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint. You may contact the Office of Civil Rights at:

**Office for Civil Rights**

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201
OCR Hotlines-Voice: 1-800-368-1019
E-mail: ocrmail@hhs.gov
Web site: Office For Civil Rights

For more information about uses and disclosers of member information, including uses and disclosures required by law, please refer to our Notice of Privacy Practices.
OUR MISSION
As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES
Respect, Compassion, Justice, Excellence, Stewardship

Providence Oregon Option Customer Service
P.O. Box 4327
Portland, OR 97208-4327
503-574-8200 or 1-800-898-8174; TTY: 711

www.ProvidenceHealthPlan.com/ohp

Providence Health Assurance
Member Handbook
Oregon Option