



CareOregon Advantage

315 SW Fifth Avenue, Suite 900
Portland, Oregon 97204
503-416-4279 or 888-712-3258
800-735-2900 (TTY/TDD)
Daily 8 am – 8 pm
www.careoregonadvantage.org

To: CareOregon Advantage (COA) members and potential members

This form describes information that may help you use your Medicare Advantage plan more effectively. Since some of this information is not specifically included in our Evidence of Coverage and Summary of Benefits documents, we thought this information might be useful for you.

CareOregon Advantage works closely with health care providers to make sure members get the right care in the right place at the right time.

If a health care provider recommends a non-emergency service, specialist, treatment or drug that requires approval in advance, he/she must tell us the medical reasons why the member needs that care. This is called requesting **prior authorization**. Examples of services that require prior authorization are elective hospitalization, outpatient surgery, durable medical equipment and prescribing a drug that requires pre-authorization.

CareOregon Advantage compares the provider’s proposed care plan with the member’s coverage to ensure that the benefits are covered and would be delivered effectively in a safe place. If we have questions, we work with the provider to resolve them.

We strive to let members and providers know our decisions as soon as possible. If we do not approve a prior authorization request, we send letters to the member and provider explaining why. The provider may speak with the CareOregon Advantage decision-maker and ask why the prior authorization request was denied.

We also tell the member and provider how to ask CareOregon Advantage to think again about our decision to deny the request. This is called an **appeal**.

CareOregon Advantage’s decisions about prior authorization requests are based only on appropriate care and coverage. CareOregon Advantage staff are not rewarded for denying requests and do not use financial incentives to reward underutilization of care.

<p>What to do in emergencies or if you need after-hours care</p>	<p>If you think you have a medical emergency, call 911. A medical emergency may include severe pain, a bad injury or a sudden illness that is quickly getting much worse.</p> <p>If the problem is not an emergency but you need help as soon as possible, call your primary care provider's (PCP) office first. You can call your PCP's office any time, night or day. If your PCP's office is closed, such as after regular office hours or on a weekend or holiday, you should still call the clinic first. The person who answers your call will either contact your PCP or give you advice on what to do.</p>
<p>CareSupport Program</p>	<p>CareOregon Advantage's team of nurses, behavioral health specialists and health care coordinators is ready to help members with their medical concerns. For members with serious or chronic health conditions such as diabetes, heart failure, asthma or chronic pain, our CareSupport staff can help them understand their primary care provider's treatment plan and how to get full value from provider office visits. CareSupport staff can also connect members with community resources.</p> <p>We encourage members who have questions about managing their health to call one of the telephone numbers on this form and ask to speak with a CareOregon Advantage staff member.</p>
<p>CareOregon Advantage Transition Program</p>	<p>This program offers case management, patient and family education and care coordination during the 30 days immediately after a move that may be challenging, such as moving from a hospital stay to home. If a member needs support for more than 30 days, a CareSupport team member will keep close contact with the member until his/her condition is stable.</p> <p>We evaluate each member's condition in five areas: (1) health changes over time, (2) relationship with primary care provider, (3) access to medical services, (4) ability and willingness to manage his/her health care and (5) social support (friends, relatives and/or neighbors). We focus on areas where the member has strong chances for improvement.</p>

<p>Advance directives</p>	<p>We urge you to think about what you want to happen if you have an accident or serious illness and cannot make health care decisions. You have the right to give instructions about what you want done in these situations.</p> <p>If you want to, you can fill out a form called an advance directive. This form gives a person you choose the legal authority to make medical decisions for you if you cannot make them. Completing an advance directive form is your decision. Ask your provider or lawyer for a form or download and print a form at www.oregon.gov/DCBS/SHIBA/docs/advance_directive_form.pdf.</p> <p>Give your family, doctors and lawyer a copy of your signed advance directive form so they will know what you want them to do about your medical care if you cannot make decisions for yourself.</p>
<p>New medical technologies</p>	<p>The federal Centers for Medicare and Medicaid decides if new technologies or new uses of current technologies are included in the Medicare benefit package. If you have questions about whether or not a new technology or medical service would be covered in a CareOregon Advantage plan, call CareOregon Advantage Customer Service. We're happy to find out for you.</p>
<p>Protection of your Personal Health Information (PHI):</p>	<p>Privacy and security laws in Oregon and the United States require CareOregon to protect your personal health information (PHI). Because PHI may be communications that are either spoken (oral), written (on paper) or electronic (stored in a computer), CareOregon has many ways to keep it safe. We use methods such as cabinet locks for paper records, and passwords, encryption and firewalls for our computer systems. Paper and film records that are no longer needed are shredded or destroyed in such a way that your PHI cannot be read or reconstructed. Electronic information is cleared, purged or destroyed so that PHI cannot be retrieved. Also, only people who need this information to do their jobs are allowed to see your PHI.</p>
<p>Disclosure of PHI to family and friends:</p>	<p>We may disclose PHI to a family member, relative or friend—or anyone else you designate—as long as you are present prior to the use or disclosure and you agree or do not object. If you are not present (or you are incapacitated or in an emergency situation), we may determine that the disclosure of your PHI to a family member, relative or friend is in your best interests using our professional judgment and our experience with common practice. In these cases we will only disclose the PHI that is directly relevant to the person's involvement in your health care or payment related to your health care.</p> <p>Also, we may leave messages for you at your home, requesting that you call us back, reminding you about appointments or providing information</p>

	<p>about treatment alternatives or other health related benefits and services that may be of interest to you. For example, we may call to welcome you to our plan. If you are away, we may leave a message letting you know we called, and either leave a number for you to call us back or we may let you know that we will call you again. If you do not want us to leave phone messages on your voice mail or with anyone who answers the phone when you are away, you must tell us either orally or in writing. You can send in your written request to the address above, or call 503-416-4279 or toll-free 1-888-712-3258 and ask to speak to a Customer Service Representative. TTY/TDD users can call 1-800-735-2900.</p>
<p>Rights and responsibilities</p>	<p>You have the right to make recommendations regarding our rights and responsibilities policy. To do so, please call 503-416-4279 or toll-free 1-888-712-3258 and ask to speak to a Customer Service Representative. TTY/TDD users can call 1-800-735-2900.</p>

Questions about benefits and plan features

Check the CareOregon Advantage Evidence of Coverage and Summary of Benefits documents or read them on our website: www.careoregonadvantage.org. Or, call our Customer Service Department.

- **Portland Metro calling area** 503-416-4279
- **Toll-free** 1-888-712-3258
- **TTY/TDD** 1-800-735-2900

We're here to help.

A health plan with a Medicare contract.