

Tribal Care Coordination



Your guide to care that
respects Native cultures

As an AI/AN member, you can choose where to get health care, as long as the provider accepts OHP Open Card. You can go to:



- ▶ Tribal wellness centers
- ▶ Indian Health Service (IHS) clinics or Indian Healthcare Providers (IHCPs)
- ▶ NARA locations
- ▶ Any provider who takes OHP Open Card coverage

Welcome to Tribal Care Coordination

Welcome! You are now part of Tribal Care Coordination (TCC). This program is part of your Oregon Health Plan (OHP) Medicaid benefits. It is for American Indian or Alaska Native (AI/AN) members who have Open Card coverage.

The Oregon Health Authority (OHA) and CareOregon work together with Oregon's nine federally recognized Tribes and the Native American Rehabilitation Association of the Northwest (NARA). Together, we help support the health of AI/AN members by offering care that respects Native cultures.

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You can join or leave the TCC program at any time.

What is care coordination?

Care coordination means having a team to help you get the care you need. Your care team works with your providers and health plan to make things easier for you. They can help you:

- ▶ Understand your health
- ▶ Schedule appointments
- ▶ Get to your doctor
- ▶ Find services in your community

CareOregon and care coordination

Our team of Tribal Care Coordinators are dedicated to understanding and honoring the diverse cultures and histories of AI/ANs. Our goal is to build trust and strong relationships, making sure that AI/AN members like you feel comfortable and confident about their health. This includes not only medical care but also the social factors that affect your well-being.

Who is on your care team?

You have a tribal care coordination team made up of:

- ▶ A behavioral health care coordinator
- ▶ A physical health care coordinator
- ▶ A nurse care coordinator

This team also helps you connect to primary care providers (PCPs) and Tribal and Indian Health providers, as well as resources for social wellness.

By coordinating with different health care services and resources, the TCC team works to make your experience smoother and better, so you can get the right treatments and support systems when you need them most.



Common care coordination services

Here are some examples of what your care team can help with:

- ▶ Preventing and managing diabetes
- ▶ Treating substance use (drugs, alcohol and tobacco)
- ▶ Finding mental health support
- ▶ Getting durable medical equipment (DME) like walkers, wheelchairs and oxygen tanks
- ▶ Getting approval for services
- ▶ Finding a primary care provider
- ▶ Finding a dentist
- ▶ Getting to health care visits
- ▶ Scheduling appointments
- ▶ Connecting to community resources



Eligibility

To qualify for TCC, you must be recognized as Heritage Native American (HNA) through the Medicaid application process. Anyone with the HNA indicator and fee-for-service (FFS) or Open Card OHP coverage can use this service.

If you choose to join a coordinated care organization (CCO) through OHP, your care coordination will come from your CCO instead.

For any questions about OHP application or AI/AN eligibility, contact OHP application assistance at 800-699-9075, or visit [OHP.oregon.gov](https://www.ohp.oregon.gov)



Insurance

TCC is free for AI/AN members on the Medicaid Open Card. Your care team can help you understand what is covered.

To learn more, you can read the OHP Handbook: [oregon.gov/oha/hsd/ohp/pages/benefits.aspx](https://www.oregon.gov/oha/hsd/ohp/pages/benefits.aspx)

When it's time to renew, OHP will send you a letter with instructions. Be sure to follow the steps to keep your coverage.

Nurse Advice Line

If you're facing a health issue and need help, you can call our free Nurse Advice Line anytime at 866-209-0905 (TTY 711). The line is open 24 hours a day, seven days a week.



Rights as a member

As a member, you have the right to:

- ▶ Be treated with respect.
- ▶ Get help with mental health and substance use without a referral.
- ▶ Get help with family planning without a referral.
- ▶ Bring someone with you to appointments.
- ▶ Help make your treatment plan.
- ▶ Understand your care and options.
- ▶ Say yes or no to treatment.
- ▶ Get information in words you understand.
- ▶ Get the care you need on time.
- ▶ Access your health records (unless you can't by law).
- ▶ Choose a different doctor if you want.
- ▶ Make a complaint or appeal a decision and get a response.
- ▶ Get OHP-covered services that meet standards of practice and are medically appropriate.
- ▶ Get covered preventive services.
- ▶ Get a referral to specialty providers for medically appropriate covered services.
- ▶ Have a clinical record maintained that documents your health conditions, services you get and any referrals made.
- ▶ Send a copy of your clinical record to another provider.
- ▶ Make a statement of wishes for treatment (advance directive), and get a power of attorney for health care.
- ▶ Get a written notice before a benefit is denied or has a change in service level, unless a notice is not required by federal or state regulations.
- ▶ Ask for an administrative hearing with the Department of Human Services (DHS) or the Oregon Health Authority (OHA).
- ▶ Be told ahead of time if a health care appointment will be cancelled.
- ▶ Get notice of privacy practices from the DHS or the OHA.

Responsibilities as a member

As a member, you are expected to:

- ▶ Treat all providers and staff with respect.
- ▶ Be on time for health care appointments.
- ▶ Call in advance if you will be late or have to cancel your appointment.
- ▶ Get regular health exams, check-ups and preventive services your health care team, including medical, dental, mental health and substance use treatment providers.
- ▶ Use your primary care provider or clinic to get diagnosed and for other care (unless it's an emergency).
- ▶ Get a referral from your primary care provider or clinic before getting care from a specialist, if needed.
- ▶ Use emergency and urgent care services only when truly needed.
- ▶ Give correct information to your care team.
- ▶ Help a provider or clinic get records from other providers. This may include signing a release of information form.
- ▶ Ask questions about conditions, treatments and other issues related to your care if you don't understand.
- ▶ Use information you get from health care providers to make decisions about treatment before it is given.
- ▶ Help your provider create your treatment plan.
- ▶ Follow the treatment plans you and your provider agree on.
- ▶ Tell your providers you have Oregon Health Plan (OHP) coverage and show your Oregon Health ID when asked.
- ▶ Pay for non-covered services you get.
- ▶ Call OHP Customer Service: 800-699-9075 (TTY 711) if:
 - You have a change of address or phone number.
 - Someone in the family becomes pregnant.
 - A baby is born.
 - Any family members move in or out of your household.
 - You get other health insurance.
- ▶ To help the Oregon Health Authority (OHA) find out if there are any other kinds of insurance you may be able to get, and to pay OHA any amounts you got if you had an accident or injury.
- ▶ Tell the OHA about issues, complaints or grievances.
- ▶ To sign a release so the Department of Human Services (DHS) or the Oregon Health Authority (OHA) can get needed information to respond to an administrative hearing request in the right way.

Contact information

If you have any questions about your care coordination, please call us at one of the numbers below. Our team can help you get the care you need.

We are open Monday through Friday, 8 a.m. to 5 p.m.

- ▶ Toll-free: 844-847-9320
- ▶ Portland metro area: 503-488-2815 (TTY: 711)
- ▶ Nurse Advice Line (toll-free): 866-209-0905
- ▶ Visit us online at: careoregon.org

