

- What transgender services are available?
 - Although this was answered during the discussion, we wanted to make sure you had it in writing.
 - The Oregon Health Plan (OHP) covers gender transition services, such as hormone therapy, counseling and some surgeries. For additional coverage information, please contact the health plan assignment customer service number on the back of the Member ID card.

- How does the doctor's office request translation?
 - Translation Request: Providers in our CareOregon network can reach out to Provider Customer Service at (503) 416-4100 to discuss the translation of documents.
 - Interpretation Request: Each of the providers in our network have their own internal process for accessing interpreters. The three vendors that we contract with are Passport to Languages, Linguava, and IRCO. Providers in our CareOregon network have a Provider Language Handout/Schedule a No-Cost Interpreters PDF that provides guidance. They can also reference our [CareOregon Provider Manual](#) (page 31).

- How is it determined whether a member gets a ride or gets a bus pass for public transport to medical appointment?
 - When a member calls Ride to Care Customer Service at (503) 416-3955, our Customer Service team will ask them a series of questions to determine how they usually get to and from medical appointments and other locations, including whether they have a car or someone to drive them or if they use public transportation. Our customer service team will also ask about whether the member currently uses a mobility device. If the member expresses a need to sometimes use multiple transport types (e.g. can use the bus sometimes but other times their pain level is too high, for example), the rep will ask for more detail about what circumstances may impact their ability to use the bus some days. In some cases members are authorized both a bus pass and vehicle-provided rides.

- What does open enrollment mean if folks can apply for OHP all year long? Is that just the medical plans that are open enrollment?
 - Medicaid/OHP is open all year long and is based on economic status. Medicare (state and federal health insurance program for people 65 or older, people with certain disabilities, and people with end-stage renal disease) has an open enrollment period. In 2020 it started on 10/15 and ended on 12/7. Centers for Medicare and Medicaid Services (CMS) just released news of an extended enrollment period for counties impacted by a natural disaster (wildfires). Medicare beneficiaries can move plans through 1/31/2020 if they haven't switched plans during Annual Election Period (AEP).

- Can ppl switch medical plans within the year? or only during open enrollment?
 - For Health Share of Oregon Medicaid/OHP members here in the Metro, they can contact Health Share of Oregon to change their health plan assignment (CareOregon, Kaiser Permanent, Legacy Health, OHSU/Adventist, Providence) once a year.

- How does one get the OTC card?-
 - Members who are enrolled in the CareOregon Advantage plan (Medicaid and Medicare) receive the OTC card, along with free eye exams and glasses, free gym membership, free transportation to the gym and pharmacy, and free meal delivery.

- There are huge barriers to getting inpatient care for complex behavioral needs. Seems like I should be helping those families access a care team?
 - Yes, you can either call the general care coordination line at (503) 416-3731 or Customer Service at (503) 416-4100.
 - An admit into IP requires that they meet IP criteria which is determined with a clinical decision-making tool (Interqual) with evidenced based criteria embedded. It really depends on what is considered complex. There are some members who will not meet criteria for a variety of reasons and not everything is best treated in an inpatient setting. There are some scenarios and clinical presentations that may not be indicated as the intervention may not be helpful for instance, someone who would benefit from longer term, outpatient skills training to manage emotions (like DBT) would not benefit from a short term urgent stay where the focus is on stabilization. So yes, it does sound like someone who is high risk, or complex and not navigating services effectively, could benefit from care coordination.

- Behavioral health open card. Do they HAVE to go to a cco for higher level of care? Concerned for loss of physical health doctors.
 - It depends on what they are referring to HLoC. There are some programs that are considered HLoC that have flexibility in funding sources. We do know for instance that the ACT teams and ICM have other funding sources but they are limited. On those teams the predominance of the slots in these programs are contracted for Health Share of Oregon but the programs may have MTF, Choice or other “unfunded” slots. Some programs may be able to bill for Open Card.
 - Another great question to reach out to our Customer Service team (503) 416-4100 about.

- Are residents eligible for Medicare?
 - Although this was answered during the discussion, we wanted to make sure you had it in writing.
 - Yes, those who are a “legal permanent resident” also known as a “green card holder” are eligible for Medicare if they meet the other Medicare eligibility requirements. For assistance, they can reach out to our Member Services at 1-888-712-3258, go to Careoregonadvantage.org to complete an application contact their caseworker at the county or state DHS office and ask them to complete an application and submit to CareOregon Advantage.

- Can we get braces covered for our foster youth?

- OHP covers braces for those under 21 with a history of cleft lip, cleft palate or facial abnormalities with specific ICD-10 diagnosis codes. The child's dentist may know of other volunteer organizations helping children with ortho outside of OHP.