

Green Booklet

Your guide to the Oregon Health Plan and Healthy Kids application form

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Are you age 65 or older, receiving SSI or Medicare?

If you receive SSI, are eligible for Medicare, or are age 65 or older, you might need to fill out a different application. Call your local Seniors and People with Disabilities (SPD) or Area Agencies on Aging (AAA) office, or call **1-800-282-8096** (TTY 711) for more information about the Oregon Health Plan and other health care programs.

SPANISH: (Translation to come)

Are you age 65 or older, receiving SSI or Medicare?

If you receive SSI, are eligible for Medicare, or are age 65 or older, you might need to fill out a different application. Call your local Seniors and People with Disabilities (SPD) or Area Agencies on Aging (AAA) office, or call **1-800-282-8096** (TTY 711) for more information about the Oregon Health Plan and other health care programs.

RUSSIAN: (Translation to come)

Are you age 65 or older, receiving SSI or Medicare?

If you receive SSI, are eligible for Medicare, or are age 65 or older, you might need to fill out a different application. Call your local Seniors and People with Disabilities (SPD) or Area Agencies on Aging (AAA) office, or call **1-800-282-8096** (TTY 711) for more information about the Oregon Health Plan and other health care programs.

VIETNAMESE: (Translation to come)

Are you age 65 or older, receiving SSI or Medicare?

If you receive SSI, are eligible for Medicare, or are age 65 or older, you might need to fill out a different application. Call your local Seniors and People with Disabilities (SPD) or Area Agencies on Aging (AAA) office, or call **1-800-282-8096** (TTY 711) for more information about the Oregon Health Plan and other health care programs.





What can this booklet do for you?

This booklet will help you fill out the Oregon Health Plan (OHP) and Healthy Kids application form. It explains each question, tells you how to answer and what to send for proof (if you need to send proof).

This booklet will also give you information about Healthy Kids, OHP, and other health coverage and resources available to Oregonians.



Please note:

- ★ If you move, it is important that you let us know your new address so you get the letters we send.
- ★ If your phone number changes, it is important that you tell us your new phone number so we can call you with any questions.

Please call **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm, to report any changes to your address or phone number.



Getting help with the application

If you are applying for benefits for your children or teens under the age of 19, you can get free step-by-step help from an application assister in your area. Application assisters are trained, local people within community organizations.

- Visit www.oregonhealthykids.gov/apply/map.html for a list of assisters in your area.

Adults without children can go to their local DHS field office for help with the application.

- Visit www.oregon.gov/DHS/assistance/localoffices.shtml to find the field office nearest to you.

For general questions about the application, call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm.





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For children and teens under the age of 19

Healthy Kids

Healthy Kids is a program for uninsured Oregon children and teens under the age of 19. Healthy Kids includes medical, dental, vision, prescription drugs, mental health coverage, and substance abuse treatment.

Even middle-income families can qualify for no-cost or low-cost coverage. Once enrolled, a child will usually receive coverage for one full year – with a chance to renew every year.

In some cases, the child or teen must have been without medical insurance for 2 months to qualify. But we encourage you to apply even if you currently have or have access to other medical insurance.

Depending on your income, your family may qualify for one of these Healthy Kids programs:

- No-cost coverage through OHP-Plus
- Low-cost, private health insurance through Healthy KidsConnect
- Full-cost, private health insurance through Healthy KidsConnect
- Employer-sponsored insurance, where the state pays for all or part of coverage through your employer

For more information about Healthy Kids, go to www.oregonhealthykids.gov or call **1-877-314-5678** (TTY 711).



For adults (age 19 and older)

Oregon Health Plan (OHP)

The Oregon Health Plan (OHP) is a state health care coverage program for uninsured adults with low incomes. OHP includes medical care, limited emergency dental services, mental health care, and out-patient substance abuse treatment. Once a person is enrolled, he or she will receive coverage for one full year.

In most cases, adults must have been without medical insurance for 6 months to qualify for OHP. There are exceptions. For example, pregnant women may have other medical insurance and still qualify.

Costs may vary. For example:

- You may have to pay a monthly premium (cost) for your OHP coverage; or
- You may have to pay a copayment for some services

For more information about OHP, go to www.oregon.gov/OHA/healthplan or call **1-800-699-9075** (TTY 711).



How long does the application process take?

Once you submit your application, the Department of Human Services (DHS) or the Oregon Health Authority (OHA) must make a decision within **45 days**. We will send you a letter telling you when your benefits start, or that you don't qualify for benefits right now.

If you do not get a letter within 45 days, call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm. Be ready to give your name and date of birth.



What if I get a letter or phone call asking for more information?

- If you get a letter or phone call asking for more information or other types of proof, please respond as soon as possible.
- If there is information or proof missing from your application and you don't respond, the process could take longer or you could be denied benefits.
- If you have questions about any letters or phone calls you receive, please call the phone number given in the letter or voice mail. If you cannot find a number to call, you can call **1-800-699-9075** (TTY 711), Monday to Friday, 7 am to 6 pm.
- If someone helped you fill out the application, they may also be able to help you with any requests for more information. See page 3 for information on getting free step-by-step help from people in your area.

Please note:

- ★ If you move, it is important that you let us know your new address so you get any letters we send.
- ★ If your phone number changes, it is important that you tell us your new phone number so we can call you with any questions.

Please call **1-800-699-9075** (TTY 711), Monday to Friday, 7 am to 6 pm, to report any changes to your address or phone number.

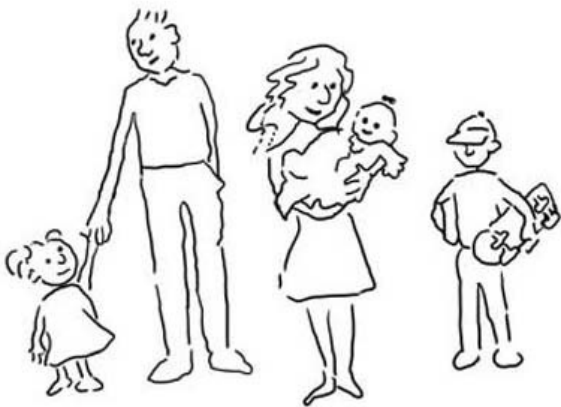
Filling out the application: Step-by-step instructions

1 2 Questions 1 + 2: About you and the people who live in your home

Whom to include

Question 1 asks about you. You need to fill it out even if you are only applying for benefits for other household members (such as your children).

Question 2 asks about other people who live in your home. You need to **list everyone who lives in your home**. Include expected children, extended family members such as a grandparent, aunt, uncle, or cousin as well as a friend or housemate.



You can request medical benefits for the following people if they are living in your home:

- You
- Your spouse
- Your children or stepchildren
- Children under the age of 19 (if the parent or other relative isn't in the home)
- Other parents of your children or your expected child (if they live with you)

If you would like to apply for benefits for these people, please check YES in the box provided. (You will need to check YES for each person you want coverage for.)

Anyone else living with you who is not included in the list and who wants medical benefits must fill out a separate application. These people still need to be listed on your form.

Please note:

- ★ You do not need to provide a Social Security or Alien Resident number for those living in your home if they are **not** applying for medical benefits (including yourself), but you do need to list their names and basic information.
- ★ In the third box of Question 2 ("This is my"), some examples of what "other" might be include: mother, father, grandmother, grandfather, aunt, uncle, cousin, niece, nephew, friend, or housemate.
- ★ If anyone in your home is pregnant, please list the expected child by writing "expected child" in the "Name" field, and the expected date of birth in the "Date of birth" field.
- ★ Children under the age of 19 who do not live with their parents or stepparents may apply for themselves and sign their own applications (for example, a homeless teen).
- ★ There are special directions **if you are under 19** *and* either married or not accompanied by an adult. Call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm to learn more.

Using Extra Form A

Extra Form A (page 11 of the application) gives more room for you to list other people who live in your home. Please use the space given on pages 2 and 3 of the application before using Extra Form A.

If you have more than 9 other people living in your home, please make as many copies of Extra Form A as you need.

The OHP Drawing entry number: What it is and where to find it

The OHP Drawing entry number is for people who have received a confirmation that their name has been entered in the OHP drawing for adults.

If you know your entry number, please write it in this space. If you don't know your entry number or have never entered the OHP Drawing for adults, just skip this space.

Contact by phone and email

Use this section to let us know the best way to contact you.

- It is very important **to include a phone number** so we can reach you. We may need to ask questions before we can finish processing your application.
- When you include a phone number or email address, you are giving the state permission to contact you in these ways.
- If a state worker contacts you by phone, he or she will confirm that the person on the phone is the main applicant (person listed in Question 1), another person listed in your home, or someone you have authorized to talk to us about your case (Questions 13 and 14; see page 19 for more information).
- Contact by phone or email will not replace any official mail that you would normally receive.

Home address and mailing address

We need an address so we can reach you by mail. We will send a letter telling you if you qualify for benefits, as well as any medical plan information.

If you give us a mailing address that is not your home address, we will send everything to the mailing address.

Here are 2 reasons you might give us a mailing address instead of a home address:

- You get your mail at a place other than your home address, or
- You have a "contact address" because you are homeless or have safety concerns, including domestic violence (see page 13 for warning signs and resources)

Even if you use a different mailing address such as a Post Office (P.O.) box or "contact address," we need the ZIP code for your home address. We need a ZIP code because, if you qualify for benefits, you may be assigned to a managed care plan in that area. See page 20 for more information on managed care plans.

If you are homeless

- Write "homeless" in the space given for a home address.
- List the ZIP code for the place or area you usually stay or can get mail (like a homeless shelter or school).

Social Security numbers

You must include a Social Security number (SSN) for people applying for medical benefits who are:

- U.S. citizens
- Non-citizens who have an SSN

You do not need to be a U.S. citizen to apply for medical benefits (see page 11 for more information about applying as a non-citizen).

We use the Social Security number to help us decide if you qualify for benefits. We may check your income and assets by matching these numbers to other state and federal records such as IRS, Department of Revenue, Medicaid, Child Support, Social Security, and unemployment benefits.

These are the federal laws that say that anyone applying for medical benefits must give DHS and OHA their Social Security number (SSN): Federal laws (42 USC 1320b-7(a), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, and 42 CFR 457.340(b))

We also use your SSN to:

- Make sure you get the right level of benefits
- Write reports and study how to improve the health care programs
- Recover overpaid benefits
- Make sure no person gets benefits in more than one household
- Check on third-party insurance policy information
- Keep track of the information you've put on your application

American Indians and Alaska Natives

If you or a family member is an American Indian or Alaska Native, check "Yes" in Questions 1 or 2 on your application.

If you or a family member receives care or could receive care through Indian Health Services, check "Yes" in Questions 1 or 2 on your application.

DHS and OHA define American Indians or Alaska Natives as one of the following:

- A member of a federally recognized Indian tribe, band, or group
- An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior pursuant to the Alaska Native Claims Settlement Act, 43 U.S.C. 1601
- A person who qualifies for benefits through an Indian Health Services program

If you are an American Indian or Alaska Native (as defined above) and meet income requirements:

- You will not have to pay premiums or copayments
- You can choose to get health care through an Indian Health Services program or a federally recognized tribal clinic instead of a managed care plan (see page 22).

➡ Send a copy of one of these types of proof with your application:

- American Indian Tribal Enrollment (Tribal ID) card
- Certificate of Indian Blood
- A letter showing that you qualify for Indian Health Services (IHS)

Please note:

- ★ If you do not have the documents you need, call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm or your local DHS office (www.oregon.gov/DHS/assistance/localoffices.shtml).

If you are not a U.S. citizen

Some people who are not U.S. citizens may be eligible for medical benefits. For example, children and teens under the age of 19 who are U.S. residents may qualify for Healthy Kids.

You may qualify for emergency medical coverage even if you do not qualify for OHP or Healthy Kids because of your immigration status. This includes labor and delivery for the birth of a baby and other emergency health needs.

To apply for medical benefits if you are not a citizen, you should:

- Include your Alien Resident number and Social Security number on the application (if you have one or both),
AND
- Send a copy of your immigration card/green card or immigration legal papers along with the application.

OR

- Write on your application or tell your worker if you don't have any proof of immigration status. **Do not wait to send in your application.**



Public charge and reporting information for non-citizens

★ *Medical benefits through Healthy Kids, OHP, and emergency coverage for non-citizens are **not** considered a public charge.*

What is public charge?

When a person or family seeks to enter the U.S. for the first time or seeks to change their residency status, the federal government considers if they have been or will be a "public charge." If the individual or family has relied on the government to meet immediate needs, such as cash assistance, their application may not be accepted or their green card may be allowed to expire.

U.S. Citizenship and Immigration Services (USCIS) states that the following programs are not considered to be a public charge:

- Medicaid and other health insurance and health services (other than support for long-term institutional care like a nursing home)
- Children's Health Insurance Program

Please note:

- ★ DHS and OHA will check the immigration status of people who apply for or get benefits. The information DHS and OHA gets from USCIS could affect who is eligible for benefits.
- ★ DHS and OHA will **not** contact USCIS about anyone on the application who is not a U.S. citizen if they are not applying for benefits for themselves. For example, we will not contact USCIS about a parent if they are applying for their children only.

We need to know if you or anyone in your home who is applying for benefits is pregnant, so that we can provide the correct level of benefits.

➔ **If you or someone in your home is pregnant, please send:**

- A copy of a letter from a doctor or clinic saying that this person is pregnant. The letter does not need to include the expected due date, though this information is helpful.

Please note:

- If you don't have this kind of proof or if you are pregnant and have not yet visited a doctor for prenatal care, you can visit an Oregon MothersCare (OMC) site and receive these services for free.
- To find the OMC site nearest you, please call 211 info (dial 2-1-1) or **503-222-5555** (TTY 711) and ask to be connected with your local OMC site.

You can also find out more about the Oregon MothersCare program by visiting: www.healthoregon.org/oregonmotherscare

Why we ask about the baby's father

When you apply for medical benefits, you may be required to work with the state's Child Support Program if you have a child or expected child who has an absent parent. See Question 6 on page 14 for more information on absent parents and "Your rights and responsibilities" on page 24 for more information on the Child Support Program.

What if I applied early on in my pregnancy and was not eligible for coverage?

Applications for expected newborns can't be submitted more than 45 days before the expected due date. Apply within 45 days of the due date. Then let us know as soon as possible when your child is born. Call your case worker if you have one. Otherwise call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm.

Please note:

- ★ You can ALWAYS re-apply at any time.

You may want to re-apply right away if:

- Your income has gone down since your last application
- Your due date has changed
- Your child was born early
- The number of people in your household has changed
- You have lost other insurance coverage you may have had

Warning signs of abuse

You may be in an abusive relationship if your current or past partner or spouse:

- Makes you afraid for your safety
- Puts you down
- Stops you from getting or keeping a job
- Makes threats against you or your children
- Keeps you from seeing your friends or family
- Shoves, grabs, slaps, punches, pinches, strangles, or chokes you
- Kicks, hits, or tries to hurt you in any other way

If any of these things are happening to you, check, “Yes” in Question 4 on your application (on page 4). If you check “Yes,” a DHS staff person will call you about your safety concern.

Why we ask this question

There are special rules that can help people or families who are being abused. For example:

- You can keep your home address private by giving us a mailing address where we can contact you. Fill in a mailing address in Question 1 on the application.
- You may refuse to help us establish paternity and get health care coverage from absent parents.
- We count income differently when it is controlled by the abuser, and we count resources differently when they are held jointly.
- We can waive the waiting period for some medical programs.

To learn about safe ways to get child support and health care coverage, call your local DHS office. You can find your local DHS office by visiting: www.oregon.gov/DHS/assistance/localoffices.shtml or by calling **1-800-699-9075** (TTY 711).

You can also call your local Child Support office for more information. You can find your local Child Support office here: www.oregonchildsupport.gov/offices. Or call **503-986-6166** (TTY 711).

Resources available now

No one deserves to be abused. You and your family have a right to be safe from harm. If you are being abused, you are not alone. Call one of the numbers shown here for confidential help in creating a safety plan and to get support and information:

- You can call the National Domestic Violence Hotline at: **1-800-799-7233** (TTY 711).
- You can call the Portland Women’s Crisis Line at: **1-888-235-5333** or **503-235-5333** (TTY 711).
- Look in your phone book under “Crisis” for the name of your local crisis provider or call **211** info (dial 2-1-1) or **503-222-5555** (TTY 711) and ask to be connected with your local crisis provider.

5 Question 5: People in high school, college, or technical or vocational school

We need to know if you, your children (age 16 or older), or anyone in your home who is related to you is in high school, college, or technical or vocational school.

➔ Types of proof we may need:

If you or someone listed is a full-time higher education student and meets certain rules, we may ask for:

- A copy of your financial aid award letter
- A copy of the first page of your current Student Aid Report (SAR)

Please note:

- If you need to send proof, your worker will contact you.
- If you are a full-time higher education student, have easy access to your financial aid award letter or SAR, *and* know that you qualify for a Pell grant, you can send a copy of the award letter or SAR along with the application.

6 Question 6: Absent parents

Whom to list

An *absent parent* is a parent of a child on the application who does not live in the household. The parent must have been out of the home for 30 days or more. For example, the parent may be out of the home because of divorce, or because he or she is in long-term care or jail.

However, parents out of the home due to education, training, or employment are not considered absent. For example, parents deployed on active duty in the U.S. armed forces are not considered absent parents.

Please note:

- ★ If a parent has passed away, please add that person's name in the absent parent field and write "deceased."

When you apply for medical benefits, you may be required to work with the state Child Support Program if you have a child or expected child who has an absent parent. See "Your rights and responsibilities" on page 24 for more information.

Using Extra Form B

Extra Form B (page 12 of the application) gives you room to list other absent parents. Please use the space on page 4 of the application before using this form.

If there are more than 5 absent parents connected to expected children or anyone under the age of 19 living in your home, please make as many copies of Extra Form B as you need.

Question 7 asks about money from jobs held by you or anyone in your home who is related to you or your children or expected children.

Tell us the amount of money that has been paid or will be paid **this month** before subtracting taxes and other deductions. This is your *gross income*.

If there is no money from jobs, check the first “No” box on Question 7.

➔ Types of proof we need:

- Most recent paystub
- OR**
- Paystub received within the last 30 days
- OR**
- A letter from your employer with the total amount (before taxes and deductions) that you have been or will be paid this month. The letter must contain your employer’s contact information and be signed by your employer.

Use the space at the bottom of page 5 of the application to let us know if the hours from this month are higher than normal, or if your hours have been cut or will be cut in the next few months.

For example, you might say “The hours for Job 1 were higher than normal this month because of holiday overtime,” or “I was moved to part-time, so I will now work 20 hours a week at Job 2.” If your income will go down next month, please use the last line to write what you expect your income to be next month.

If you cannot send paystubs or other proof:

- Explain why you cannot get this proof in the space at the bottom of page 5 of the application. For example, “The job just started last week,” or “I have safety concerns about trying to get this information.”
- To talk to someone about other types of proof that may be accepted, call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm or call your local DHS office. You can find your local DHS office here: www.oregon.gov/DHS/assistance/localoffices.shtml.

Using Extra Form C: Self-Employment

Extra Form C (page 13 of the application) should be used to list income for anyone in your home who is self-employed.

Self-employment means that you are being paid for doing work, but that you don’t have a regular employer (other than yourself) who gives you a paycheck and takes out taxes. This includes people who own their own company, as well as someone who does odd jobs and gets paid in cash.

Use the first box to tell us about your business or the work you do, and be sure to include the gross income or gross expected income for **this month**. *Gross income* means your total sales or the total amount you get paid or expect to be paid *before* taxes and expenses are taken out.

Use the rest of the form to tell us about **business and work expenses**. Examples of accepted expenses are listed on the form, but you should include anything that you consider a business expense. Please make as many copies of Extra Form C as you need to provide information on all businesses and work expenses.

➔ **You need to send proof of self-employment income for the month you are applying. Types of proof include:**

- Bookkeeping records
- Contracts
- Work agreements
- Payroll records
- Sales receipts
- Most recent tax return for that business, only if no other proof is available

To talk to someone about other types of proof that may be accepted, call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm or call your local DHS office (www.oregon.gov/DHS/assistance/localoffices.shtml).

8

Question 8: Money from other places

Question 8 asks about money that does not come from a job, but is paid to someone in your home. This includes anyone in the home who is related to you or your children or expected children.

Tell us the amount of money that has been paid or will be paid **this month** *before* subtracting taxes and other deductions. This is the *gross amount*.

If there is no money from jobs, check the first “No” box on Question 7.

What to list:

- Rent paid to you
- Loans repaid to you
- Temporary Assistance for Needy Families (TANF)
- Retirement pension
- Veteran’s benefits and any other military compensation
- Worker’s compensation
- Disability benefits
- Child or spousal support
- Guardian or foster care payments
- Social Security benefits
- Supplemental Security Income (SSI)
- Dividends or interest on investments
- Tribal payments
- Unemployment compensation
- Financial aid and other educational income

This is not a full list. Please include any other regular non-work payments paid to you or anyone in your household.

See next page for types of proof needed ▶

➔ Types of proof include:

- Check stubs
- Award letters
- Written agreements

To talk to someone about other types of proof that may be accepted, call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm or call your local DHS office (www.oregon.gov/DHS/assistance/localoffices.shtml).

Please note:

- You do **not** need to send proof of money received from TANF, Social Security benefits including disability (SSDI) and Supplemental Security Income (SSI), or unemployment benefits received from Oregon.
- If you are unemployed and have not yet applied for unemployment benefits, your worker may contact you about applying.

9 Question 9: Resources

Question 9 asks about resources you have. You need to list resources that belong to anyone in your home who is related to you or your children or expected children.

What to list:

- Checking account balances (do not list your account numbers)
- Savings account balances (do not list your account numbers)
- Cash on hand
- Certificates of deposit
- Stocks and bonds (totals)
- IRA and 401(k) account balances (even if you do not currently have access to the money)

Why we need this information

We use this information to decide if adults qualify for medical benefits or what type of benefits children will be eligible for. It is required even if you are only applying for benefits for children. These resources will **not** prevent a child from being eligible.

10 Question 10: Vehicles and other property

Question 10 asks about vehicles and property you have.

- You need to list vehicles (cars, trucks, motorcycles) and other property (land, buildings) that belong to anyone in your home who is related to you or your children or expected children.
- You also need to list the estimated value of the vehicles and property, and any amount you might still owe.
- You do not need to list the home you live in.

How to find the value of your vehicle or property

You can look up the current value of your vehicle by visiting the Kelly Blue Book website at: **www.kbb.com**.

You can find the estimated value of your property on your property tax statement.

Why we need this information

We use this information to decide if adults qualify for medical benefits or what type of benefits children will be eligible for. It is required even if you are only applying for benefits for children. Vehicles and other property will **not** prevent a child from being eligible.

11 Question 11: Disability, kidney disorder, or life-threatening condition

Question 11 asks about certain health problems.

Check “Yes” in the first section of Question 11 if anyone applying for benefits who is **18 years or younger** has:

- a disability,
- a kidney disorder, or
- a condition that, without treatment would be life-threatening or cause permanent loss of function or disability

Be sure to also write this person’s name in the space provided.

If anyone applying for benefits who is **19 years or older** has a kidney disorder or a serious disability that prevents them from working, please fill out Extra Form D on page 14.

Please note:

- ★ This information will not be used to deny medical benefits for anyone.

Using Extra Form D

Use Extra Form D (page 14 of the application) to give information for anyone applying for benefits who is **19 years or older** and has a kidney disorder or a serious disability that prevents them from working.

If you have applied for disability benefits through SSA for yourself or someone in your home and are unable to find the information that the form asks for, you can call your local Seniors and People with Disabilities (SPD) or Area Agencies on Aging (AAA) office, or call **1-800-282-8096** (TTY 711).

Please make as many copies of Extra Form D as you need.

12 Question 12: Health insurance

Question 12 asks about any past or current private or employer-sponsored health insurance that you or anyone in your home related to you or your children (including expected children) might have now or had recently.

Even if you have private or employer-sponsored insurance, you may still qualify for a medical program.

For people **age 18 and younger**, we need to know about any health insurance held now or in the **past 2 months**.

For people **age 19 and older**, we need to know about any health insurance held now or in the **past 6 months**.

Use the lower boxes to indicate if any of the private or employer-sponsored insurance is or was through:

- COBRA
- Family Health Insurance Assistance Program (FHIAP)
- Oregon Medical Insurance Pool (OMIP)
- Federal Medical Insurance Pool (FMIP)
- Kaiser Permanente Child Health Insurance
- Kaiser Transition Program

You can also use these boxes to show if coverage was lost for someone under the age of 19 because a parent lost a job, had their hours reduced, or is no longer being offered coverage through work.

The last question asks if anyone who is applying can get insurance through an employer. If someone can, write their name in the space provided.

Using Extra Form E

Extra Form E (pages 15 and 16 of the application) asks for more information about all current and recent private or employer-sponsored health insurance held by you or anyone in your home related to you or your children (including expected children).

more on the next page ►

You should fill out Extra Form E if anyone in your home (related to you or your children) is:

- **Age 18 and younger** and has health insurance now or has in the past 2 months
- **Age 19 and older** and has health insurance now or has in the past 6 months

Types of health insurance policies you need to report are:

- Private health insurance that you or someone else pays for
- Insurance you get or can get through an employer (If your employer charges you for part or all of your insurance premium, the state may be able to reimburse you for your portion of the premium)
- Insurance that was court ordered
- Insurance provided by an absent parent
- Insurance received as a retirement benefit (such as military)
- Student insurance you receive through school
- Medicaid from other states
- Any insurance you are covered by even if you can't access it in the area where you live

We need to know about current or past insurance that covered any of the following:

- Medical
- Pharmacy
- Dental
- Vision
- Long-term care

Please make as many copies of Extra Form E as you need to provide information on all current and recent coverage.

➔ **Proof needed:**

Please send copies of the **front and back of all insurance cards** for each person you list on Extra Form E.

Please note:

- ★ If you do not have your insurance cards, please tell us in the space given at the end of Extra Form E.

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14

**Questions 13 + 14:
Representatives**

Why you may want to name other people

You may choose to allow someone else (a representative) to talk to us about your case or to sign your application. You do not need to list people that you have already written about on the application.

In **Question 13**, you can name a person to whom we can release information. This person:

- Can give or get information about your case
- **Cannot** sign your application
- Will **not** be listed on letters sent to you by your worker
- Will be authorized to give or get information until your health coverage ends or you tell us not to talk to this person

In **Question 14**, you can name an authorized representative. This person:

- Can give or get information about your case
- **Can** sign your application
- May be held financially responsible if they give incomplete or incorrect information about your case
- Will be your authorized representative until your health coverage ends or you tell us not to talk to this person

Even if you have an authorized representative who signs, you will still be responsible for the information on your application. For more information, please read the OHP Rights and Responsibilities on page 23.

15 Question 15: If someone is helping you fill out the application

Why we need this information

We want to be sure that people who want help with their application are able to get it. Knowing if someone helped you fill out your application, and who it was, helps us to know how many people are benefiting from the system we have.



16 Question 16: Different language or format

Question 16 asks if you speak a primary language other than English, and if you would like future information in another language or format.

If you need help with this application in another language, please call **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm. Ask to speak with an interpreter.

The application and this booklet can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications, and other electronic formats. Email **altformat.app@state.or.us**, or call **1-800-699-9075** (TTY 711) to arrange for the alternative format that will work best for you. When requesting alternate formats by email, be sure to include your name, mailing address, and the type of alternate format that you need.

If you receive mail from DHS or OHA in a language or format that you do not understand, please call the number above and we will make sure you receive the information in the language or format you need.

17 Question 17: Choosing a medical and dental plan

About managed care

Question 17 asks you to choose a managed care medical plan and dental plan for OHP, which includes the no-cost portion of Healthy Kids. See page 21 for information on who doesn't have to choose a plan and page 22 for information for American Indians and Alaska Natives.

All plans coordinate your health care needs and give the same basic services. The doctors, nurse practitioners and other providers in the plan you choose will work together to meet your health care needs. *In general, the medical plan you choose will assign you to a mental health plan.*

You may have the OHP Comparison Chart that shows OHP medical and dental plans in your area. Use the chart to help you choose the right plan for you.

If you didn't get a chart with your application or are applying online, the plans are online at: **www.oregon.gov/OHA/healthplan** (scroll down and click on the OHP/Healthy Kids button).

In Question 17, write the name of the OHP medical and dental plans you want. **If you don't choose, we may enroll you in a plan.**

Everyone in your household who wants managed care will be in the same OHP medical or dental plan. Each family member can have a different primary care provider and dentist.

If you are reapplying, we will keep you in the same managed care plan you are in now, unless you choose new plans in Question 17.

Choose your plan carefully, because you are only allowed to change plans at certain times. You can change plans after you have been enrolled with the same plan for 6 months in a row.

Tips for choosing a medical and dental plan

- Call the doctor or clinic you have now (if you have one). Ask which medical plan they work with.
- Find out if the providers in the plan are near where you live.
- Find the plans listed for your area. Go to the plans' websites to learn which doctors, nurse practitioners, clinics, hospitals, pharmacies, dentists, and mental health providers are in the plan.
- The phone numbers for each plan are on the Comparison Chart and online at: www.oregon.gov/OHA/healthplan/managed-care/plans.shtml.
- Call the plan's member services department to learn the rules for going to a specialist.

Who does not have to choose a plan

You do not have to choose a plan if one of the following statements applies to you:

- You are an American Indian or Alaska Native or qualify for benefits through an Indian Health Services program (see page 22 for more information).
- There are no OHP managed care plans available in your area. Write "none available" in Question 17.
- You have surgery scheduled. Write "surgery scheduled" in the Medical Plan section of Question 17. You will be asked to choose an OHP medical plan after the surgery.
- You have dental surgery scheduled. Write "surgery scheduled" in the Dental Plan section of Question 17. You will be asked to choose an OHP dental plan after the surgery.

- Someone you are applying for has been diagnosed with end-stage renal disease, or gets routine dialysis treatment, or has had a kidney transplant in the last 36 months. Please check "Yes" in the appropriate box in Question 11 on your application, and if the person is age 19 or older, fill out Extra Form D on page 14 of your application.
- If you are in your third trimester of pregnancy and have not been enrolled in OHP managed care in the last 6 months, you can choose to stay out of managed care during your pregnancy. Write "Third Trimester" in the Medical Plan section of Question 17.
- You have private or employer-sponsored health insurance.
- You are applying for employer-sponsored health insurance, which is where the state pays for all or part of coverage through your employer.
- You qualify for low-cost or full-cost Healthy KidsConnect (see the "Please Note" section on page 23 for more information).



American Indians and Alaska Natives

American Indians, Alaska Natives, and people who do (or could) get care through Indian Health Services may choose not to enroll in some (or all) types of managed care plans.

Use the bottom section of Question 17 to list the people who fit this description and do not want to be enrolled in a medical plan, dental plan, or mental health plan.

Please note:

★ If anyone in the household is not an American Indian or Alaska Native, or if they are and want to be in managed care, they should use the main boxes at the top of Question 17 to choose a plan or plans.

If you have Medicare

If you have Medicare coverage and you choose an OHP medical plan that lists a Medicare plan, you must also join that Medicare plan. Look on the Comparison Chart to find the Medicare plan. It will be on the medical plan page.

The Medicare plan covers your Medicare benefits and your Medicare-covered prescription drugs. If you have questions about Medicare coverage, call the OHP medical plan you are choosing.

Oregon Health Plan (OHP) premiums

Some adults must pay a monthly cost for health care coverage through OHP. The monthly cost is called a *premium*.

The premium is based on your gross income (before taxes) and family size. Once we tell you that you need to pay a premium, the payment stays the same until you renew your benefits.

If you need to pay a premium, you will get a bill in the mail every month. You must pay your premium every month, even if you didn't see your health care provider. You must start paying premiums on the date your coverage begins.

OHA and DHS do not charge premiums to clients who:

- Are pregnant
- Are under age 19 and eligible for the no-cost option of Healthy Kids (Children who qualify for low-cost or full-cost Healthy KidsConnect coverage must pay a premium. See the "Please note" section on page 23 for more information.)
- Are American Indian or Alaska Native children under age 19 who qualify for the no-cost or low-cost option of Healthy Kids or qualify for benefits through an Indian Health Services program (see page 10). American Indian or Alaska Native children under age 19 do pay a premium if they are eligible for the full-cost option of Healthy Kids.
- Qualify for Temporary Assistance to Needy Families (TANF) related medical coverage
- Get SSI
- Are age 65 or older
- Are blind or disabled and either have income at or below the SSI standard or get department-paid long-term care services
- Qualify for the Citizen or Alien Waived Emergent Medical (CAWEM) program
- Have very low income (income at or below 10% of the Federal Poverty Level)



Past-due premiums

OHP Standard clients who are charged premiums will not immediately lose coverage if they have past-due premiums. If you have unpaid premiums at the end of the current enrollment period, you will not be able to renew your coverage until your unpaid premiums have been paid.

We will send you a notice when it is time to renew. If you have past-due premiums, we will give you a payment deadline.

Please note:

- ★ Any clients in the household who don't need to pay premiums (such as children) may still renew. They will get benefits if they qualify, even if others in the household don't renew.
- ★ Parents or guardians of children and teens who qualify for low-cost or full-cost coverage through Healthy KidsConnect will be charged a premium depending on household income level.
- ★ Your premiums for Healthy KidsConnect must be paid every month to avoid losing coverage.
- ★ If your child qualifies for Healthy KidsConnect, you will receive additional paperwork that includes (but is not limited to) plan options, premium rates, and deadline information.

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Questions 18 + 19: Your rights and responsibilities and signing the application

Why we need your signature

Your signature shows that you take responsibility for the truth of what is on your application.

When you sign the application, you have the following rights and agree to the following responsibilities:

You have a right to:

- Ask questions about our programs, payments and services
- Ask for help from us to try to collect child support from absent parents
- Talk with a person in charge
- Ask for a receipt for papers you give us
- Refuse to help us establish paternity and get health care coverage from absent parents if you think the absent parent would harm you or your child
- Refuse to let us give out your information unless we must give it out to run OHP or Healthy Kids
- Have a decision made on your case within 45 days
- Ask for a hearing if you disagree with any action we take

You have 45 days from the date of the notice of action to ask for a hearing. To do this, you should use the Administrative Hearing Request form (DHS 443). You can find this form online by visiting: <https://apps.state.or.us/Forms/Served/de0443.pdf> or get a copy of the form at any DHS office. If you fill the form out online you must print it out and mail it to or drop it off at a DHS office. Visit www.oregon.gov/DHS/assistance/localoffices.shtml to find the DHS field office nearest to you.

You have a responsibility to:

- Report these things to your worker within 10 days:
 - › Any address or name change
 - › Change of other health care coverage or if employer-sponsored insurance becomes available to you or your children
 - › Pregnancy
 - › Birth of a baby
 - › Any injury or accident for which you receive medical attention. Tell your worker if you plan on taking any legal action as a result of the injury or accident.

*If you don't know your worker's name or number, you can call the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm to report any changes.*

- Tell health care providers that your coverage is through OHP or Healthy Kids.
- Tell health care providers before using OHP benefits if you have other health insurance.
- Tell your managed care plan and ask DMAP for a hearing if you have problems getting health care.
- Follow up on any benefits you or your family qualify for, such as:
 - › Unemployment compensation
 - › Social Security
 - › Railroad retirement
 - › Veterans benefits
 - › Lodge and union benefits
 - › Workers' compensation benefits
 - › Medical insurance
 - › Medicare

- Work with the state Child Support Program if you have a child who has an absent parent, unless:
 - › You think the absent parent would harm you or your child
 - › Your child gets Children's Health Insurance Program (CHIP) benefits or Healthy KidsConnect (HKC) benefits
 - › You are pregnant

Working with the Child Support Program can mean:

- › Helping to find your child or expected child's other parent
- › Legally confirming your child's father (establishing paternity)
- › Obtaining an order for health care coverage
- › Obtaining an order for cash to help with your child's medical expenses

Support means money you get for you or your children, like alimony or child support. It may include cash ordered to help you pay for your child's medical expenses.



You understand and agree that:

- When you get DHS or OHA medical coverage for your child, you give permission to the state to keep the cash medical support anyone in your family gets. The money pays the state back for the medical benefits your child gets.
- If the person receiving benefits passes away, be it you or your child, the state may recover the amount of medical benefits received after the age of 55 from the estate of the person who received benefits. This includes monthly payments made by DHS or OHA to managed care plans.
- In cases where the person receiving benefits is in an institution (such as a nursing home) for 6 months before death, the state will recover money for all medical benefits provided regardless of age when received.
- If the person receiving benefits has a spouse who survives them, the state will wait until the spouse passes away before claiming the money.
- The state will not claim this money if the person receiving benefits has children who are under age 21 or are blind or permanently and totally disabled.
- Estate recovery rules or laws may be changed or revised without warning. For more information on estate recovery of medical benefits, visit <https://apps.state.or.us/Forms/Served/de9093.pdf>.

20**Question 20: Next Steps****When you have completed your application, please follow these steps:**

1. Sign it
2. Attach all documentation. (See the checklist on page 10 of the application for details.)
3. Mail or fax the application and documents to the OHP Processing Center at:

OHP Processing Center
PO Box 14520
Salem, OR 97309-5044

OR

Fax number: 503-373-7493



If you fax the application, please write your last name and date of birth or your Social Security number at the bottom of each page to be sure that all of the documents are kept together. This includes all proof.

Please note:

- **If you are applying online**, you must mail or fax all proof to the address or fax number listed above. Please write your full name and date of birth or Social Security number **on each page** so that it is easier to match these documents to your application.
- If you wish to **turn in your application in person**, you can do so at a branch office. You can go to www.oregon.gov/DHS/assistance/localoffices.shtml for branch office locations.

Remember to:

- Keep a copy of your complete application and all documents you submit
- Check that you have the correct postage on your envelope if mailing it in



What to expect after sending in the application

Once you submit your application, DHS or OHA must make a decision within **45 days**. A letter will be sent telling you when your benefits start, or that you don't qualify for benefits right now.

For children and teens under the age of 19

Depending on your income, your child may qualify for the no-cost *Healthy Kids* program, or the low-cost or full-cost *Healthy KidsConnect* program.

- If the child or teen qualifies for the *Healthy Kids* program, you will get a letter from DHS or OHA. You will also receive a medical care card for each person who gets benefits.
- If the child or teen qualifies for the *Healthy KidsConnect* program, you will get a letter from DHS or OHA. You will also receive some other papers for you to complete from the Office of Private Health Partnerships (OPHP).
- If you get a letter from DHS or OHA saying that someone in your family qualifies for *Healthy KidsConnect* but don't get additional paperwork from OPHP within the next few weeks, please call the Healthy KidsConnect line at **1-888-260-4555** (TTY 711). Be ready to give your name and date of birth.

For adults (age 19 and over)

- If you qualify for OHP, you will get a letter from DHS or OHA indicating your health care plan. You will also receive a medical care card.

If you do not get a letter within 45 days, call your worker or the OHP Central Processing Center at **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm.

Please note:

- ★ If you move, it is important to tell us your new address so we can send you the letters mentioned above. Please call **1-800-699-9075** (TTY 711) Monday to Friday, 7 am to 6 pm to report changes to your address or phone number.



Non-discrimination statement and how to file a complaint

The Department of Human Services (DHS) and The Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS and OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, sex, religion, political beliefs, or disability.

You can file a complaint if you believe DHS or OHA treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at **1-800-442-5238** (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301
Fax: 503-378-6532
Email: **DHS.info@state.or.us**

To file a complaint with the U.S. Department of Health and Human Services, you can call **1-800-362-1710** (TTY 1-800-537-7697) or write to their office at:

U.S. Department of Health and Human Services
Office for Civil Rights
2201 6th Avenue M/S: R/X-11
Seattle, WA 98121-1831
Fax: (206) 615-2297



Notice of DHS and OHA privacy practices

This section will tell you how DHS and OHA may use or disclose information about you. This information is called *Protected Health Information* (PHI). Not all situations will be described.

DHS and OHA:

- Manage the medical assistance programs for the state of Oregon (including Healthy Kids, the Oregon Health Plan, and other state programs that pay for medical assistance).
- Are required to protect health information by federal and state law.
- Are required to follow the terms of the notice currently in effect.
- May share information to determine eligibility, coordinate your care, and for treatment, payment and health care operations.

DHS and OHA may use and disclose health information without your authorization:

- **For treatment.** DHS and OHA may use or disclose PHI 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.** DHS and OHA may use or disclose PHI to get payment or to pay for the services you receive. For example, DHS and OHA may provide PHI to bill your health plan for health care provided to you.
- **For health care operations.** DHS and OHA may use or disclose PHI in order to manage its programs and activities. For example, DHS and OHA may use PHI to review the quality of services you receive.

DHS and OHA may use or disclose health information without your authorization for the following purposes under limited circumstances:

- **Appointments and other health information.** DHS and OHA may send you reminders for medical care or checkups or information about health services that may be of interest to you.
- **For public health activities.** OHA is the public health agency that keeps and updates vital records, such as births and deaths. OHA also tracks and takes action to control some diseases.
- **For health oversight.** DHS and OHA may use or disclose PHI for government health care oversight activities. Examples are audits, investigations, inspections and licenses.
- **For law enforcement and as required by law.** DHS and OHA will disclose PHI for law enforcement and other purposes as required or allowed by federal or state law.
- **For disputes and lawsuits.** DHS and OHA will disclose PHI in response to a court order or an administrative order. If you are involved in a lawsuit or dispute, DHS and OHA may share your information in response to legal requirements.
- **Worker's compensation.** DHS and OHA may disclose PHI as allowed by law to worker's compensation or like programs.
- **For abuse reports and investigations.** DHS and OHA are required by law to receive reports of abuse and to investigate reports of abuse.

- **For government programs.** DHS and OHA may use and disclose PHI for public benefits under other government programs. An example would be to determine Supplemental Security Income (SSI) benefits.
- **To avoid harm.** DHS and OHA may disclose PHI in order to avoid a serious threat to your health and safety or to the health and safety of a person or the public.
- **For research.** DHS and OHA use PHI for studies and to develop reports. These reports do not identify specific people.
- **For reporting death.** DHS and OHA may disclose information of a deceased person to a coroner, medical examiner or funeral director.
- **Disclosures to family, friends and others.** DHS and OHA may disclose PHI to your family or other persons who are involved in your health care. *You have the right to object to the sharing of this information.*

- **For disaster relief.** Should there be a disaster, DHS and OHA may disclose information about you to any agency helping in relief efforts. DHS and OHA may share information about you to tell your family about your condition or location.

Other uses and disclosures require your written authorization. For other purposes, DHS and OHA will ask for your written permission before using or disclosing PHI. You may cancel this permission at any time in writing. DHS and OHA cannot take back any uses or disclosures already made with your permission.

Other laws protect PHI. Many DHS and OHA programs have other laws for the use and disclosure of health information about you. For example, you must usually give your written permission for DHS and OHA to use and disclose your mental health and chemical dependency treatment records.



Your PHI privacy rights:

- **Right to see and get copies of your records.** In most cases, you have the right to look at or get copies of your health records. You must make the request in writing. You may be charged a fee.
- **Right to request a correction or update of your records.** You may ask to change or add missing information to health records DHS and OHA created about you, if you think there is a mistake. You must make the request in writing, and provide a reason for your request. DHS and OHA may deny your request in certain circumstances.
- **Right to get a list of disclosures.** You have the right to ask DHS and OHA for a list of your PHI disclosures made after April 14, 2003. You must make the request in writing. This list may **not** include the times that information was disclosed 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. If you request a list more than once during a 12-month period, you may be charged a fee.
- **Right to request limits on uses or disclosures of PHI.** You have the right to ask that DHS and OHA limit how your health information is used or disclosed. You must make the request in writing and tell DHS and OHA what information you want to limit and to whom you want the limits to apply. DHS and OHA may **not** be required to agree to the restriction. You can request in writing or verbally that the restrictions be ended.
- **Right to revoke permission.** If you are asked to sign an authorization to use or disclose PHI, 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 DHS and OHA share PHI with you in a certain way or in a certain place. For example, you may ask DHS and OHA 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 reason for your request.
- **Right to file a complaint.** You have the right to file a complaint if you do not agree with how DHS or OHA has used or disclosed health information about you.
- **Right to get a copy of this notice.** You have the right to ask for a copy of this notice at any time.

Please note:

When information is kept by DHS or OHA for their work as health oversight or public health agencies, programs that are not governed by HIPAA, or child or adult protective services, other state and federal laws govern those records. Those records are not subject to the PHI privacy rights described on this page.

How to contact DHS and OHA to use your privacy rights:

To use any of the privacy rights listed on this page, you may contact your local DHS office (www.oregon.gov/DHS/assistance/localoffices.shtml). You may also contact the Governor's Advocacy Office at the address listed on page 30. DHS or OHA may deny your request. If your request is denied, DHS or OHA will send you a letter that tells you the reason. DHS or OHA will tell you how you can ask for a review of the denial.

How to file a privacy complaint or report a privacy problem:

You may contact any of the people listed below if you want to file a privacy complaint. You may also contact them to report a problem with how DHS or OHA has used or disclosed your health information.

Governor's Advocacy Office
State of Oregon Department of Human Services
500 Summer Street NE, E17
Salem, OR 97301-1097
Phone: **1-800-442-5238** (TTY 711)
Fax: 503-378-6532
Email: **dhs.info@state.or.us**

Office for Civil Rights
Medical Privacy Complaint Division
U.S. Department of Health and Human Services
200 Independence Avenue, SW
HHH Building, Room 509H
Washington D.C. 20201
Phone: **1-866-627-7748** (TTY 1-866-788-4989)
Email: **OCRComplaint@hhs.gov**

You can contact the *OHA Privacy Officer* if you have any questions about this notice or if you need more information on privacy.

Oregon Health Authority, Privacy Officer
500 Summer Street NE, E24
Salem, OR 97301
Phone: **503-945-5780** (TTY 711)
Fax: 503-947-5396
Email: **dhs.privacyhelp@state.or.us**

In the future, DHS and OHA may change its "Notice of Privacy Practices". Any changes will apply to information DHS and OHA already has and will also apply to information DHS and OHA receives in the future. A copy of the new notice will be posted at each DHS and OHA site and provided as required by law. You may ask for a full copy of the current notice anytime you visit a DHS site. You can also get a full copy of the current notice online at **www.oregon.gov/DHS/publications/privacy-notice.pdf**.

Please note:

Your benefits will not be affected by any complaints you make.

DHS or OHA cannot hold it against you if you:

- File a complaint
- Cooperate in an investigation
- Refuse to agree to something that you believe to be unlawful





State Government Offices that work with health care

The Department of Human Services (DHS) is Oregon's human services agency. DHS works closely with Oregon's health agency, the Oregon Health Authority (OHA).

For more information, go to www.oregon.gov/DHS or www.oregon.gov/OHA.

When you apply for medical assistance, you may work with these DHS and OHA offices:

Division of Medical Assistance Programs (DMAP)

1-800-527-5772 (TTY 711)

www.oregon.gov/OHA/healthplan

DMAP runs the Medicaid part of the Oregon Health Plan (OHP). DMAP pays the health care providers who serve Medicaid members.

Office of Private Health Partnerships (OPHP)

1-800-542-3104 (TTY 711)

www.oregon.gov/OHA/OPHP

OPHP runs many of the state medical assistance programs listed on the previous pages, including Healthy KidsConnect and Family Health Insurance Assistance Pool. OPHP also runs the state and federal high-risk pools (Oregon Medical Insurance Pool and Federal Medical Insurance Pool), and provides agent referrals to people who want to buy private health care coverage.

Office of Client and Community Services (OCCS)

OCCS decides who qualifies for health care coverage when people apply for health benefits only.

Children, Adults and Families (CAF)

503-945-6116 (TTY 711)

www.oregon.gov/DHS/aboutdhs/structure/caf.shtml

CAF decides who qualifies for health care coverage, cash assistance, and food benefits when people apply for these benefits all at once. CAF also makes sure children in foster care and adoptive placements get health care.

Seniors and People with Disabilities (SPD)

1-800-282-8096 (TTY 711)

www.oregon.gov/DHS/spwpd/index.shtml

SPD decides who qualifies for health care programs for people who have low incomes and are disabled, or are blind, or are over age 65.

Area Agencies on Aging (AAA)

1-800-282-8096 (TTY 711)

www.oregon.gov/DHS/spwpd/sua/docs/aaa-spd-offices.pdf

AAA works with SPD to administer and support community-based care services for older adults.

Office of Payment Accuracy and Recovery (OPAR)

www.oregon.gov/DHS/aboutdhs/fraud

OPAR works with DHS and OHA to ensure that correct payments are made to clients and providers and to recover overpayments.



Other health coverage and resources

Each of the programs listed in this section has different eligibility requirements. For more information, or to apply for any of these programs, call the toll-free number or go to the website address listed.

Oregon Prescription Drug Program (OPDP)

1-888-411-6737 (TTY 711)

www.opdp.org

OPDP is a prescription drug purchasing pool created by the Oregon legislature to help increase access to prescription drugs and to lower costs for individuals, as well as state and city governments.

Who qualifies?

- There is no age or income restriction, and all Oregon residents qualify.
- If you have signed up for Medicare Part D prescription coverage, you still qualify for this program.
- Government agencies, cities, counties, and both public and private group entities also qualify to join the pool.

Cost to enroll

Participation in OPDP is free.

Three ways to enroll:

- Call **1-800-913-4146** (TTY 711).
- Go to www.opdp.org and click on “Enroll here.”
- Mail in a paper application (available at local DHS locations or download here: www.oregon.gov/OHA/OPDP/ApplicationPage.shtml).

Medicare

1-800-633-4227 (TTY 711)

www.medicare.gov

Medicare offers medical coverage including some hospital care and prescription drugs. Because Medicare may not pay for all care, members may qualify for other programs listed in this section.

Who qualifies?

You may qualify for Medicare if you:

- Are 65 or older
- Are disabled
- Have permanent kidney failure

Cost to you

There are premiums for some parts of the program. A state program called Qualified Medicare Beneficiaries (QMB) helps low-income people pay the cost of Medicare. To apply for this program, call **1-800-282-8096** (TTY 711) or call or visit your local Seniors and People with Disabilities (SPD) or Area Agencies on Aging (AAA) office (find your local office here:

www.oregon.gov/DHS/spwspd/offices.shtml).

Senior Health Insurance Benefits Assistance (SHIBA)

1-800-722-4134 (TTY 711)
www.oregon.gov/DCBS/SHIBA

SHIBA is a local, one-on-one benefit counseling program for people on Medicare that helps them:

- Compare Medicare plans
- Select a prescription drug plan
- Apply for Medicare savings programs
- Review medical bills
- File appeals or complaints

Who qualifies?

You qualify if you are enrolled in Medicare or are helping someone who is enrolled.

Cost to you

SHIBA counseling is free.

Family Health Insurance Assistance Program (FHIAP)

1-888-564-9669 (TTY 711)
www.oregon.gov/OHA/OPHP/FHIAP/index.shtml

FHIAP helps to pay for private health coverage or health coverage through your employer. FHIAP pays from 50–95% of monthly health coverage premiums for eligible adults and 100% for children age 18 and younger.

Who qualifies?

FHIAP is for uninsured Oregon residents and citizens. Applicants must be uninsured for 2 months to qualify. This period of uninsurance may be met while waiting on the reservation list.

Cost to you

Depending on your income, you will pay 5–50% of your monthly premiums. You may also pay copayments and deductibles if required by your plan.

How to apply

FHIAP mails out applications on a first-come, first-served basis and may not be open for new members when you call. Because of this, it's a good idea to put your name on the FHIAP reservation list, which can be found at: www.oregon.gov/OPHP/FHIAP/fhiap_reservation.shtml. You will have the opportunity to apply when your name comes to the top of the list, at which time you will receive an application in the mail. Your place on the FHIAP reservation list will not be affected by your application for medical benefits.

Oregon Medical Insurance Pool (OMIP)

1-800-848-7280 (TTY 711)
www.oregon.gov/OPHP/OMIP

OMIP covers adults and children who can't get private health coverage because of a pre-existing condition.

Who qualifies?

You may qualify if you are an Oregon resident and have either:

- Been denied health coverage, **or**
- Have a medical condition on our list

See the Member Handbook for more information: www.oregon.gov/OPHP/OMIP/docs/member_handbook.pdf

Cost to you

Cost is based on your age, your location, and the plan you choose. While OMIP is not low-cost health coverage, FHIAP can help pay your monthly premium if you qualify.

Federal Medical Insurance Pool (FMIP)

1-800-848-7280 (TTY 711)

www.oregon.gov/OPHP/OMIP/fmip.shtml

FMIP is similar to OMIP. It is the federal program that covers adults and children who can't get private health coverage because of a pre-existing condition.

Who qualifies?

You may qualify if you:

- Have not had medical coverage for at least 6 months
- Are an Oregon resident
- Are a U.S. citizen or in the U.S. lawfully
- Have been denied health coverage, **and**
- Have a medical condition on our list

See the Member Handbook for more information: www.oregon.gov/OPHP/OMIP/docs/member_handbook.pdf

Cost to you

Cost is based on your age, your location, and the plan you choose. While FMIP is not low-cost health coverage, FHIAP can help pay your monthly premium if you qualify (see page 33).

Oregon Department of Veterans' Affairs (ODVA)

1-800-692-9666 (TTY 711)

www.oregon.gov/ODVA

The ODVA will help you seek benefits from the federal Department of Veterans Affairs (VA) and other veterans programs.

Benefits include:

- Medical services or nursing care
- Vocational training
- College tuition assistance
- Widow's pension
- Wartime veteran's pension
- Property tax exemption
- Free copies of military records and discharge papers

Who qualifies?

Veterans of the U.S. Armed Forces, or a veteran's spouse, widow, or child.

Cost to you

ODVA provides a free consultation, but some veterans affairs medical services may require a copayment.

