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Frequently Asked Questions (FAQ) for Potential PacificSource Community Solutions Members

What Is the Oregon Health Plan (OHP)?

The Oregon Health Plan (OHP) is a program that pays for health care for low-income Oregonians. The State of Oregon and the U.S. Government's Medicaid program pay for it.

What is Managed Care?

Coordinated Care Organizations (CCO) are a type of managed care. The Oregon Health Authority (OHA) wants OHP members to have their healthcare managed by Coordinated Care Organizations who are set up to do just that. The OHA pays managed care companies a set amount each month to provide their members the healthcare services they need. Most OHP members must receive managed medical, behavioral health, dental care, pharmacy, and transportation benefits.

What is PacificSource Community Solutions?

PacificSource Community Solutions is a Coordinated Care Organization (CCO). We work together on behalf of people in our community who are on OHP. With a CCO, you can get all of your health care services from the same plan, with the same covered benefits the Oregon Health Authority may provide to you.

How can I apply for OHP?

At one.oregon.gov, you will fill out one application to find out what you qualify for, including: The Oregon Health Plan or Healthy Kids; Private health insurance; Financial help to lower the cost of your private health insurance.
For more information and for help applying, visit OregonHealthCare.gov or call Customer Service at 1-800-699-9075 or 711 (TTY).

How do I join a CCO?

If another CCO is available in your area, you have the right to ask to change CCOs. CCOs (including PacificSource Community Solutions) do not process these requests. Please talk with your case worker or call OHP Customer Service at (800) 699-9075. OHP Customer Service will help you find out if a change is possible.

Do I have to be under managed care?

Health services for OHP members not in a CCO are paid by OHA, called Open Card, or Fee-for-Service (FFS) OHP. American Indians, Alaska natives, tribal members and

Medicare members on OHP can choose to receive managed care or have an open card. Any CCO member who has a good reason to have an open card can ask to leave managed care.

Am I Eligible to Join PacificSource Community Solutions?

As of January 1, 2014, there are no waiting lists for the Oregon Health Plan. If you live in Oregon and have limited income, you may be eligible for the Oregon Health Plan (OHP) through PacificSource Community Solutions Coordinated Care Organization (CCO).
For more information on income limits, visit OregonHealthCare.gov or call Customer Service at 1-800-699-9075 or 711 (TTY).

How does PacificSource Community Solutions coordinate my care?

With a CCO, you can get all of your health care services – medical, dental and mental - from the same plan. PacificSource Community Solutions will develop, implement, and participate in activities supporting continued care that integrates dental, behavioral health, medical services, and transportation, including new member screenings.

Where Is PacificSource Community Solutions Available?

Our plans are available to members living in the following counties in Oregon: Crook, Deschutes, Jefferson, Klamath (only zip codes 97731, 97733, 97737, and 97739), Lane, Marion, Polk, Hood River, and Wasco.

What Is Covered?

These are examples of services that may be covered. Some benefits are limited depending on your age and if you are pregnant:

- Care for you before your baby is born
- Check-ups (medical and dental)
- Drug and alcohol treatment services
- Dental care (exams, cleanings, x-rays)
- Diagnosis (services to find out what is wrong)
- Urgent and Emergency care
- Hospital care
- Immunizations (shots) and vaccines
- Interpreter services
- Laboratory tests and x-rays
- Mental health care
- Preventive screenings
- Prescription drugs
- Transportation to a covered health care appointments

For more information, access the https://communitysolutions.pacificsource.com/member or give us a call.

How can I tell if my doctor is in network with PacificSource Community

Solutions?

We have a list of all of the doctors, hospitals, and other facilities that we contract with called a Provider Directory. For the most up to date list, you can call Customer Service or go to https://communitysolutions.pacificsource.com/tools/providerdirectory to search for doctors or other healthcare providers.

How can I tell if my dentist is in network with PacificSource Community Solutions?

PacificSource dental health benefits are provided through our partner dental care plans which are also called Dental Care Organizations (DCOs).

Your dental plan will connect you with your regular dentist, also called a Primary Care Dentist (PCD) and other specialty dental providers if needed. Your dental plan can work with you to connect with a dentist who is accepting new patients and is close to where you live or work.

Call your dental plan to make changes to your regular dentist. They will work with you to resolve your concerns or find the best provider for your needs.

How does PacificSource Community Solutions ensure access to covered services?

Covered services are subject to your eligibility for OHP, pre-approval requirements, and where your condition ranks on the Prioritized List of Health Services. The Prioritized List of Health Services is a list of covered conditions and treatments.

Some services need to be approved in advance (pre-approved) by PacificSource Community Solutions. Call Customer Service if you need more information about which services are covered and if they need to be approved in advance (pre-approved). They can also help you find out if your service has been approved.

Unless otherwise noted, you must see a PacificSource Community Solutions network provider for these services.

For more information, access the Member Handbook or give us a call.

We want to make sure our services address the needs of people of all cultures, languages, races, ethnic backgrounds, abilities, religions, genders, sexual orientations, and other special needs of our members. We want everyone to feel welcome and well-served in our plan.

If at any time your access to benefits change, we will notify you as soon as possible but not later than 30 days from the effective date of the change.