



# Rider's Guide

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## Non-Emergency Medical Transportation

### This guide covers:

- Eligibility
- Types of rides
- Service hours
- Scheduling a ride
- Mileage
- Meal and lodging help
- When to be ready
- What to expect from your driver
- And more



You can get this document in another language or format. Examples of other formats: Audio tape, oral presentation (face-to-face or on the phone), braille, large print.

- For our interpreter services we offer certified and qualified spoken and sign language interpreters.
- Other languages: You are able to request other formats, at no cost to you. Please contact our Customer Service team.
- Language access services also apply to member representatives, family members, and caregivers with hearing impairments or limited English proficiency who need to understand the member's condition and care.

Usted puede recibir este documento en otro idioma o formato. Estos son ejemplos de otros formatos: cinta de audio, presentación oral (en persona o por teléfono) sistema braille, letra más grande.

- Ofrecemos servicios de intérpretes calificados en lenguaje hablado y lenguaje de señas.
- Otros idiomas: Usted puede solicitar otros formatos sin costo alguno. Por favor póngase en contacto con nuestro equipo de Servicio al Cliente.
- Los servicios de acceso lingüístico también aplican a los representantes de los miembros, los miembros de su familia y los cuidadores con deficiencias auditivas o con un dominio limitado del idioma inglés que necesiten comprender el padecimiento y los cuidados del miembro.

# Rider's Guide

## Non-Emergency Medical Transportation

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### PacificSource Community Solutions

Updated December 2023

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# Nondiscrimination statement

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PacificSource and network providers must treat you fairly. We must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's:

- Age
- Color
- Disability
- Gender Identity
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual Orientation
- Health status or need for services

Everyone has a right to know about and use our programs and services. We give free help when you need it. Some examples of the free help we can give are:

- Sign language interpreters
- Spoken language interpreters for other languages
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

## If you need help

If you need help or have a concern, please contact our Customer Service department or our Civil Rights manager Monday–Friday, 8:00 a.m. – 5:00 p.m. at:

### Customer Service Department

- 800-431-4135, TTY: 711.  
We accept all relay calls

### Civil Rights Manager

- 888-977-9299, TTY: 711.  
We accept all relay calls
- [CRC@PacificSource.com](mailto:CRC@PacificSource.com)
- PO Box 7068, Springfield, OR 97475-0068

## To file a complaint

To file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR):

- [OCRPortal.HHS.gov/OCR/SmartScreen/main.jsf](https://www.OCRPortal.HHS.gov/OCR/SmartScreen/main.jsf)
- [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)
- 800-368-1019, 800-537-7697 (TDD)
- OCR, 200 Independence Avenue SW, Room 509F, HHH Bldg., Washington, DC 20201

## You can also submit a grievance with any of the following:

### **PacificSource.com/Medicaid**

Sign in to InTouch and choose “File a Grievance” from the Support menu:

[Intouch.PacificSource.com](https://Intouch.PacificSource.com)

### **Oregon Health Authority (OHA) Civil Rights**

Web: [Oregon.gov/OHA/OEI](https://Oregon.gov/OHA/OEI)

Email: [OHA.PublicCivilRights@state.or.us](mailto:OHA.PublicCivilRights@state.or.us)

Phone: 844-882-7889, TTY: 711. We accept all relay calls.

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

### **Bureau of Labor and Industries Civil Rights Division**

Phone: 971-673-0764

Email: [CRDEmail@boli.state.or.us](mailto:CRDEmail@boli.state.or.us)

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

Web: [Oregon.gov/boli/civil-rights/Pages/default.aspx](https://Oregon.gov/boli/civil-rights/Pages/default.aspx)

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 800-431-4135, 800-735-2900 TTY.

**Español (Spanish):** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-431-4135, 800-735-2900 TTY.

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-431-4135, 800-735-2900 TTY.

**繁體中文 (Chinese):** 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-431-4135, 800-735-2900 TTY.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-431-4135, 800-735-2900 TTY.

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-431-4135, 800-735-2900 TTY.

**Українська (Ukrainian):** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-431-4135, 800-735-2900 TTY.

**日本語 (Japanese):** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます 800-431-4135, 800-735-2900 TTY. まで、お電話にてご連絡ください

**العربية (Arabic):** مقرب لصتا. ناجم لاب لك رفاوتت ةىوغلل ادعاسملا تامدخ نإف، ةغلل ركذا ثدحتت تنك اذا: ةظوحلم (Arabic) 5314-134-008, 0092-537-008 TTY: ه مصل مكبل او

**ภาษาไทย (Thai):** ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-431-4135, 800-735-2900 TTY.

**Română (Romanian):** ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 800-431-4135, 800-735-2900 TTY.

**ខ្មែរ (Cambodian):** ចូរ ត្រូវ ប្រុងប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្តល់ភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់ប្រើអ្នក។ ចូរ ទូរស័ព្ទ 800-431-4135, 800-735-2900 TTY.។

**Cushite:** XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-431-4135, 800-735-2900 TTY.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-431-4135, 800-735-2900 TTY.

**فارسی (Farsi):** امش یارب ناگیار تروصب ی نابز تالی هسرت، دینک یم وگتفگ ی سراف نابز هب رگا: هجوت (Farsi) 800-431-4135, 800-735-2900 TTY.

**Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez 800-431-4135, 800-735-2900 TTY.



## Introduction

PacificSource Community Solutions (the plan) helps members get free rides to their covered healthcare services. The benefit is called Non-Emergency Medical Transportation (NEMT). This guide tells you how and when you can use these services. To learn more about your benefits you can go to our website below.

- Visit our website: [PacificSource.com/medicaid/get-care/get-ride](https://PacificSource.com/medicaid/get-care/get-ride).
- Would you like a hard copy of this guide? We can mail one to you. Please call Customer Service to request one using the contact information under Contact the Plan.
- The ride provider or PacificSource Community Solutions cannot send you a bill for rides to or from covered services.
- Your Member Handbook is on our website: [PacificSource.com/medicaid/your-plan/member-handbook](https://PacificSource.com/medicaid/your-plan/member-handbook).

## The role of your plan

PacificSource Community Solutions provides all non-emergency medical transportation (NEMT) services for its members. As your coordinated care organization (CCO), PacificSource Community Solutions will make sure:

1. You, or the person who needs a ride, is a current member.
2. You, or the person who needs a ride, is eligible for services.
3. The appointment is a covered or health-related service.
4. The ride is a covered service.
5. For members on PacificSource Dual Care (D-SNP) plan:
  - The appointment is within your plan's service area. (Rides outside the service area may be allowed if the appointment is not available within our service area.)
  - Whether you are eligible for services with your plan or directly with your Medicare provider



## Your rights

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As a user of transportation services, you have the right to:

- Get safe and reliable ride services that meet your needs.
- Ask for interpretation services when talking to Customer Service.
- Ask for materials in a language or format that meets your needs.
- Receive a written notice when a ride is denied.
- Receive a written notification of any modifications to your NEMT service.
- File grievances about your NEMT experience.
- Submit an appeal, ask for a hearing, or ask for both if you feel you have been denied a service unfairly.

You can learn more about how to file a complaint or an appeal on page 4. You can also call Customer Service at the number listed in the Contact the Plan section.

## Your duties

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As a passenger, we expect that you:

- Treat drivers and other passengers with respect.
- Call us as soon as you can to set up, change, or cancel a ride.
- Use seat belts and other safety equipment like car seats as required by law.
- Request additional stops in advance. If you need to make a stop at a pharmacy or other location, we must approve that. Drivers are allowed to make only stops that we have approved.

The member's parent, guardian, or adult caregiver shall provide and install child safety seats for a person who:

1. weighs less than 40 pounds and who is four feet nine inches or shorter
2. is under two years of age
3. weighs more than 40 pounds and who is four feet nine inches or shorter, unless the child is properly secured with a child safety system that meets the minimum standards under ORS 815.055.

## Safety belts

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All riders must follow seat belt laws. This means all riders must wear seat belts at all times. Riders using wheelchairs must use the lap and shoulder belt. If you say no to wearing the safety belt, your driver may not give you a ride.

Tell your NEMT provider when you call to set up your ride if you need a longer seat belt.

Riders with a seat belt exemption card must have it and show it to the driver before every ride.



# What to expect from your driver

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You can expect your driver to:

- Hold a local license, permit, and confirmed validation of holding an active state driver's license.
- Give you a safe ride.
- Be kind, professional, and treat you with respect.
- Drive safely and follow all laws and rules.
- Make sure their vehicle is comfortable and safe, as noted in OAR 410-141-3925. This includes safety belts for all passengers if the vehicle is legally required to provide safety belts. The vehicle must also have a first aid kit; fire extinguisher; roadside reflective or warning devices; flashlight; tire traction devices when appropriate; and disposable gloves.
- Use a hands-free device for phones and tablets.
- Complete screenings, background checks, and trainings (such as CPR, First Aid, and Defensive Driving), in OAR 410-141-3925.

The driver and the ride provider cannot change the pick-up time without prior, documented permission from the plan or ride provider.

Drivers must tell you when they arrive by calling, knocking on your door, or by coming into the lobby where you are.

If you need help, let your ride provider know when you set up your ride. If you need help at your visit, like help to eat or go to the bathroom, you will need to bring an attendant to help you.

If you ask, drivers can help you:

- Walk up or down one or two steps.
- Go to and from your door to the vehicle.
- Go into the lobby of the building.

If you need more help, you will need to have your own attendant.

Drivers cannot:

- Enter your home or room (except for a hospital discharge or a stretcher car ride)
- Help you get ready for a ride (dressing, and so on)
- Move you between bed and wheelchair, or wheelchair and van
- Help you with any personal needs during your ride
- Take any money from you
- Ask for or sell any other products or services
- Make any of their own stops or run errands

## Your information

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Your ride provider follows laws to keep your information safe. They will also keep your information private. Your ride provider will only tell drivers what they need to know to give you a ride.

Drivers will only share your information with:

- Your ride scheduler
- PacificSource Community Solutions
- The Oregon Health Authority
- The Oregon Department of Human Services

They will only do this if it is needed.

## Who can get free rides

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You can get free rides from your ride provider if:

- You are a member covered by PacificSource Community Solutions in:
  - Central Oregon
  - Columbia Gorge
  - Lane County
  - Marion County or Polk County
- You are going to a covered healthcare appointment. If you have Medicaid and Medicare, you can get a ride to Medicaid or Medicare covered appointments. This includes travel to outside of the CCO's service area for covered healthcare.



- You are enrolled in the Compact of Free Association (COFA) Dental Program or the Veteran Dental Program, both of which are defined in OAR chapter 410, division 200, the CCO is responsible only for NEMT services related to the member’s dental services.
- You need help getting to a covered appointment.

## Approval of free rides

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To get a free ride, the ride provider will:

- Make sure that you are covered with PacificSource Community Solutions.
- Choose the best type of ride for your needs.
- Choose the best level of services for your needs (curb-to-curb, door-to-door, hand-to-hand, or all of the preceding as needed).
- Keep track of the ride details.
- Make a decision to approve or deny the ride within 24 hours of the request (including all legs of the trip). This time frame helps ensure you arrive in time for your appointment.

## Denial of rides

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What happens if your ride is denied:

- You’ll get a call to let you know.
- PacificSource Community Solutions will provide a secondary review by another employee.
- A letter will be mailed to you and your provider or other third party who requested the transportation on your behalf.

If you don’t agree, you can appeal the denial to PacificSource Community Solutions. The denial letter will tell you how to appeal.

## Types of rides

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Your ride provider will ask you questions to schedule the best ride for what you need. Ride types can include:

- Help with the cost for you (or someone else) to drive to your appointment.\*
- Taxi cab\*
- Bus pass\*
- Wheelchair van
- Stretcher van
- Secure transport
- Non-emergent ambulance
- Other types, as necessary

You may have to share your ride. Drivers may pick up or drop off other people along the way.

\* Note: Neither the ride provider nor your plan are responsible for coordination of public or personal transportation.

## Secured rides

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Secured rides are for members who are in danger of hurting themselves or others. You may need a secure ride if:

- You are at risk of hurting yourself or others; and
- Your ride is to a Medicaid covered provider who can treat your immediate medical or behavioral healthcare needs.

One extra attendant may be with you if there is a medical need. There is no charge for an extra attendant. You can also have an extra attendant for legal reasons. Legal reasons include when a parent, legal guardian, or escort must be in the vehicle.

We may cover secured rides to and from a member’s court or commitment hearing. We will do this if there is no other way to pay for the ride.

- The plan will approve rides to and from covered services for court-ordered medical services except when:
  - You are in the care of law enforcement;
  - You are an inmate of a public institution; or
  - Your OHP coverage is on hold.

# Ride changes and member safety

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The safety of you, the driver, and others is important to us. We have rules in place so you can get to your covered services. We also have rules to change your ride. Changes to your rides may occur when you:

- Have special conditions or needs, including physical or behavioral health disabilities, current level of mobility and functional independence.
- Have a health problem that puts the driver or others in the vehicle at risk.
- Threaten harm to the driver or others in the vehicle.
- Act in a way that puts the driver or others in the vehicle at risk of harm.
- Act in a way that causes medical providers or facilities to refuse more services for you without changing ride services.
- Often don't show up for scheduled rides.
- Often cancel the ride on the same day as your appointment.

We will follow the non-discrimination and change rules in OAR 943-005-0000 to 943-005-0070.

We will not screen out members in a protected class from rides unless:

- The screening is needed to provide the goods and services; or
- The screening points out a direct threat to the health and safety of others.
- You can ask for a change to your ride when the driver:
  - Threatens to harm you or others in the vehicle.
  - Drives or behaves in a way that puts you or others in the vehicle at risk of harm.

A change means you may have to:

- Use a certain transportation provider.
- Travel with an attendant.
- Use public transportation, where available.
- Drive or find someone to drive you (you will get a mileage refund).
- Check on the ride with the ride provider on the day of or the day before the scheduled ride.

If you need a ride change, the ride provider will send a letter to you about the change. Your care coordinator and any requesting provider will also get this letter. Before a change happens, we will:

- Tell you the reason for the change.
- Decide if there are other options that fit your needs.
- Talk about any health and safety concerns.

# Scheduling free rides

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You can get a ride for any time and every day of the year. Call your ride provider to schedule a ride. You, or someone acting for you, can ask for a ride. Someone acting for you includes a Community Health Worker, foster parent, adoptive parent, or your provider.

Your ride provider offers all types of interpreter services, free to you or your representative.

You can schedule multiple rides at one time for recurring appointments, up to 90 days in advance. You can schedule multiple rides for appointments that happen more than once. You can schedule a ride after business hours. Call your ride provider and choose the phone option for your needs.

You can ask for a same day ride, but try to call to set up your ride as soon as possible. Please try to call at least 24 hours before your appointment.

The ride provider will work with you to schedule your timely, free ride. When you schedule your ride, they will ask you for the best way to contact you and the best time to contact you.

Please have this information ready when you call:

- Your name, address, and phone number (any clear directions to your home or where you are)
- Doctor or clinic name
- Provider's address and phone number
- Referring doctor, if appointment is outside of your local area
- Date and time of your appointment
- Pick-up time after your appointment
- Type of appointment (primary doctor, therapy, behavioral health, etc.)
- Your height and weight for all stretcher and wheelchair rides
- Any details to help us meet your needs (such as car seats, children)

Let your ride provider know if you have or need any of the following when you set up your ride:

- If you will have an attendant with you
- If you are 12 years of age and under and will have an adult with you
- If you use a manual wheelchair, walker, crutches or cane
- If you have a portable oxygen tank
- If you have a wheelchair that is bigger than 30 inches wide, 48 inches long, or more than 600 pounds when in use
- If you have a scooter
- If you have a service animal
- If you need any other special equipment
- If you have a health condition that changes your needs
- If you need a secured ride

The ride provider will save your information so you get the best ride every time you call.

The ride provider will try to tell you the ride details when you call to ask for a ride. If they can't, they will call you later to tell you about the details. They will do this before the driver comes to pick you up.

The ride details include:

- The name and phone number of the NEMT driver or NEMT provider
- The time and address for pickup
- The name and address of the healthcare provider you will be going to

You will be notified two days before the scheduled pick-up time.

If the ride requested is less than two (2) days prior to the scheduled pick-up time, the CCO or its subcontracted NEMT brokerage shall provide the Member with the brokerage's phone number and may, but is not required, to also provide the Member with the name and telephone number of the NEMT driver or NEMT Provider.

You will not be responsible for making the ride details.

The ride provider will match your ride to the driver that best fits your needs. The driver will work with the ride provider to keep track of where they are. They will also help with any pickup or return problems.

- Ride provider will ensure waiting times for members for pick-up are no longer than 15 minutes past the scheduled pick-up time.
- Drivers can't drop you off at your appointment more than 15 minutes before the provider's office opens.
- Drivers can't pick you up more than 15 minutes after the provider's office closes, unless your appointment is not expected to end within 15 minutes after closing. They will only do this if you, your guardian, parent, or representative asks.
- Drivers must drop you off at least 15 minutes before your appointment time or time the facility opens for business, unless requested by you, your guardian, parent, or representative. They can't drop you off more than one (1) hour before your appointment. The driver may get there before the scheduled pick-up time. You don't have to get in the vehicle before the scheduled pick-up time.

The ride provider will arrange for services to be available in a timely manner. This helps ensure you arrive at your destination with enough time to check in and prepare for an appointment.

**To schedule a ride for children 12 years and under,** see the Children section on next page.

**Return trip rides:** Schedule your return trip at the same time you schedule a ride to your appointment. Let the ride provider know if you are not sure when your appointment will end. They will schedule a will-call pick up for you. Once your appointment is over, call your ride provider and a driver will be there to pick you up within one hour.

**Pharmacy trips:** Tell your ride provider when you schedule your ride if you need to go to the pharmacy on your way back from an appointment.

**Non-emergency ambulance:** If you need a non-emergency ambulance ride, the ambulance company will work with your ride provider. The ambulance company will get the records they need about the ride to make sure it is covered.

- If the ride provider gets details that raise safety concerns, you may need a non-emergency ambulance ride.
- You or the driver should call the ride provider if you have safety concerns. Safety concerns could be the vehicle conditions or the driver's health. The ride provider will work with you to change your ride.
- The driver must make sure another ride is scheduled if they have safety concerns about your health. This includes non-emergency ambulance rides.
- During a COVID-19 health crisis, your ride provider will:
  - Tell your healthcare facility if you have symptoms or you are positive. They will make sure the right safety measures are in place before you arrive at your appointment.
  - Allow services that are safe and work for you and the driver.
  - Allow non-emergency ambulance services, if needed.

## Urgent rides

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Call 911 if you have an emergency. Your NEMT provider can't arrange emergency rides. You can call your NEMT provider to schedule a ride to urgent care.



## Attendants

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An attendant must come with you if you need more help than your driver can give. An attendant can include:

- Any adult 18 years or older authorized by the member's parent or guardian; or
- The member's mother, father, stepmother, stepfather, grandparent, or guardian.

The CCO will determine whether the member requires assistance and whether the attendant meets the requirements for an attendant.

Your attendant must be with you at the time of pickup. Your ride provider cannot give you an attendant or money to pay for one.

The following members must have an attendant:

- Children 12 years old and under
- Members with special physical or developmental needs, no matter how old they are.

The member's parent or guardian may have to give a written okay for anyone else to go with the member.

When you schedule your ride, let your ride provider know if an attendant will be with you. Your ride provider can schedule the ride with up to two adult attendants. There is no charge for your attendants' ride.

The attendant may be any adult 18 years or older authorized by the member's parent or guardian. This element applies to members with special physical or developmental needs regardless of age.

## Children and members with special physical or developmental needs

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Rides for children and members with special physical or developmental needs have special rules:

- Children 12 years old and under must ride with an adult. Let your ride provider know who the adult will be when you schedule the ride.
  - By law, all infants and young children must be in a car seat or booster seat. You must bring your own car seat. You must fix the car seat in the vehicle yourself.
- You cannot leave car seats in the vehicle during the appointment. This is because you might not have the same driver for your ride home. The driver may also give other people rides during your appointment.



## How to be ready for your ride

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To be ready for your appointment, we ask that you:

- Are ready before your earliest pickup time. For example, if your driver will pick you up between 9:00 and 9:30, be ready and watching for the driver at 9:00.

To get you to and from your appointment on time, the ride provider will:

- Make sure the driver arrives within the pickup window.
- Make sure the driver can pick you up without a big delay.

Drivers may call to schedule an early pick up if you are sharing a ride or travel requires a change.

Drivers have to wait for 15 minutes after the scheduled pick-up time. It is important to be ready when they arrive. The drivers will tell the ride provider if you are not ready within 15 minutes.

To prepare for problems, the ride provider:

- Has a bad weather plan to make sure that members with critical medical care get their ride. Bad weather can mean high heat, extreme cold, flooding, heavy snow, or icy roads. Critical care needs, for example, would be renal dialysis, chemotherapy, complex medical needs, or high healthcare needs. Please contact your ride provider if you need assistance during bad weather, as they can assist you.
- Has a back-up plan if the vehicle is more than 15 minutes late.
- Has a back-up plan for a high number of ride requests to make sure you still get a ride.
- If the driver is running late or is not available, the ride provider will make sure they have other drivers to make sure you get your ride. This could mean that your driver may have to change to make sure you get your ride. If this happens, the ride provider will contact you with the details of the ride change.

## Changing or canceling a ride

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Call your NEMT provider as soon as you can if you need to change the ride or no longer need the ride. Changes can include a timely switch of your ride to another driver to make sure you get to your appointment on time. See page 20 for contact info.

Be sure to cancel a ride you don't need before your scheduled ride. The ride is a "no-show" if you are not ready at the pickup time and you have not canceled the ride before the driver leaves to pick you up.

A no-show can make it hard for your ride provider to schedule rides for you. If you have lots of no-shows, they may need to limit your future rides.

## Mileage cost help

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You can get help with travel costs if you use a car. Money can be paid to you, a caregiver, family member, or friend to pay for the travel. You do not have to call the ride provider before your appointment for mileage refunds. If you need more information before your appointment, call your ride provider. You will get paid \$0.44 cents per mile for the shortest route to your appointment. You will have to fill out a form and have your healthcare provider sign it to get paid. This form has to be sent to the ride provider within 45 days of your appointment.

Once you complete and send in the form, your ride provider will process it. They will send you a check or credit your debit card within 30 days of getting your completed form. Your ride provider will let you know if your form is not complete.

# Meals and lodging help

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You may be able to get help with meal costs and lodging costs if you have to go out of your area for healthcare services. Call your ride provider if you need more information before your appointment.

You can also ask for travel funds for one person traveling with you, if you need their help.

## **Meal help** and how it works:

- Breakfast: \$8.00 (Your travel must begin before 6:00 a.m.)
- Lunch: \$8.50 (If your travel is during the entire lunch period, from 11:30 a.m. to 1:30 p.m.)
- Dinner: \$10.50 (If your travel ends after 6:30 p.m.)
- Attendant meals: \$27.00 per day

You can't get meal help if you are an inpatient (stay in a hospital or facility), or when you get free meals.

Note: Ride provider or your plan may hold reimbursements under the amount of \$10 until your reimbursement reaches \$10.

Your plan must reimburse you for meals when you travel:

- Out of their local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes) as outlined in OAR 410-141-3515; and
- For a minimum of four hours round-trip.

You may be reimbursed for lodging if:

- You would otherwise be required to begin travel before 5:00 a.m. in order to reach a scheduled appointment.
- Your travel from a scheduled appointment would end after 9:00 p.m.
- Your healthcare provider documents a medical need. If a medical need is documented by the provider, you could be reimbursed for lodging even if the trip did not begin before 5:00 a.m. and end after 9:00 p.m.

## **Lodging help** and how it works:

- You can get up to \$98.00 per night if travel starts before 5:00 a.m.
- You can get up to \$98.00 per night if the travel from the appointment to home ends after 9:00 p.m.
- You must provide a copy of an original receipt that shows what you paid.
- Attendant lodging: \$98.00 per night (if staying in separate room)

## **To ask for meals or lodging help:**

1. You can call your ride provider before your appointment to ask for help to pay for meals or lodging. It is not required.
2. You may have to send your receipts to the ride provider, if you are asked. You need to take this form with you to your appointment. Your healthcare provider must complete and sign the form.
3. You must return your completed form to your ride provider within 45 days after your appointment.

## **Attendant requirements:**

Your ride provider will reimburse for meals or lodging for one attendant, which may be a parent, to accompany the member if medically necessary, if any of the following apply:

- The member is a minor child and unable to travel without an attendant;
- The member's attending physician provides a signed statement indicating the reason an attendant must travel with the member;
- The member is mentally or physically unable to reach their medical appointment without assistance; or
- The member is or would be unable to return home without assistance after the treatment or service.

Note:

- The plan may reimburse for meals or lodging for additional attendants. You will need to get an approval for this additional reimbursement.
- The plan may reimburse for lodging, that is in addition to standard reimbursement, depending on your situation. You will need to get an approval for this additional reimbursement.

### **Overpayments:**

The plan may recover overpayments made to a member. Overpayments occur when a ride provider paid the member in any of the following ways:

- For mileage, meals, and lodging, and another resource also paid the member or the provider of the ride, meal, or lodging directly;
- Directly to travel to medical appointments, and the member did not use the money for that purpose, did not attend the appointment, or shared the ride with another member whom the ride provider also paid directly;
- For common carrier or public transportation tickets or passes, and the member sold or otherwise transferred the tickets or passes to another individual.

## **Accidents and incidents**

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You could get in an accident or an incident during your ride. If there is an accident that includes injuries and death, the plan, the ride provider, and the driver are required to tell. We will do this within 2 working days of hearing about it. We will report:

- Details of the accident or incident;
- The name of the driver;
- The name of the passenger;
- The location of the accident or incident;
- The date and time of the accident or incident; and
- If the driver or the passenger needed care at a hospital.

Any police reports must be sent to the Oregon Health Plan. The plan will work with the police in any related investigation.

## **Information about your services**

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The ride provider and the plan must keep all of the information needed to provide rides to you. This includes:

- The ride information
- Your member ID
- The pickup and drop off information
- The reason for the ride
- If you or the driver does not show up for the ride
- Payment details for providing the ride
- Complaint details

If the ride provider does not show up to give you a ride, the plan will ask you:

- If you were harmed because the driver did not provide the ride
- If you had to change your appointment
- If more action or a corrective action with the driver or the ride provider is needed

## **Feedback**

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Please let us know if you have concerns, complaints, or compliments. See the last page of this guide for contact information.



# Complaints

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You can send grievances (complaints) to your ride provider or to the plan.

- You also have the right to send a grievance even if it has been submitted before. PacificSource Community Solutions and the ride provider can't stop you from making complaints or grievances that have been made previously, and cannot encourage the withdrawal of a grievance or appeal or use those against a member.
- Your complaint can be about your ride provider or the plan. Examples include:
  - Denials of rides in full or in part
  - Driver or vehicle safety
  - Driver rudeness
  - Consumer rights
  - Quality of services
  - The right use of services
  - Access to services
- PacificSource Community Solutions has a process for recording and resolving all grievances. This process applies to grievances that involve us, the ride provider, or both.

If you have a complaint about any part of your care, you can call, write, or visit PacificSource Community Solutions staff. Call 800-431-4135, TTY: 711. We accept all relay calls.

## Send written complaints to:

PacificSource Community Solutions  
Attn: Appeals and Grievances  
PO Box 5729, Bend, Oregon 97708

Or, fax them to: 541-322-6424.

Our staff will work to address each of your concerns and respond to them within five days. If we need more time to resolve the complaint, a letter will be sent to you in your preferred language telling you that more time is needed and the reason why.

We will send out a final response to you within 30 calendar days from the date we got your complaint.

If you need help completing forms or need more information about how to proceed, give us a call and we will help you.

You can also get help when you submit your complaint. You can have a representative, a representative of the deceased member's estate, a qualified community health worker, a qualified peer specialist, a personal health navigator, or your provider help you with written consent.

You need to give us permission to look into and help you resolve the issue. Please note that we will not tell anyone anything about your complaint unless you ask us to. You may file a complaint directly with the Oregon Health Authority (OHA) Ombudsperson at any time. If you are unhappy with how we handled your grievance, you can share your concerns with the Oregon Health Authority's Client Services unit at 800-273-0557 or an Oregon Health Authority Ombudsperson at 503-947-2346 or at 877-642-0450, TTY: 711. Their fax number is 503-947-2341.

## Appeals

The plan also has an appeal process if you disagree with a decision to deny coverage or payment of services requested. The deadline to file an appeal is 60 calendar days from the date in the denial letter you receive from us. The denial letter is called a "Notice of Adverse Benefit Determination."

To process your appeal, you can tell us either verbally or in writing. Your Notice of Adverse Benefit Determination letter will include an appeal form.

## **Ways to submit an appeal:**

- You can verbally submit an appeal by calling Customer Service at 800-413-4135, TTY: 711. We accept all relay calls.
- You or your representative or the representative of the deceased member's estate can ask for an appeal.
- Your provider or another person can file it for you with your written permission.
- You may also write a letter to us with your concerns.

You also have the right to have a qualified community health worker, qualified peer specialist, or a personal health navigator help you in sending us an appeal. For more information, please call Customer Service. If you need another form or want help, call Customer Service 800-431-4135. We will send you another form, help you in filling it out, or guide you through the appeals process.

## **The written appeal should be sent to:**

PacificSource Community Solutions  
Attn: Appeals and Grievances  
PO Box 5729  
Bend, Oregon 97708

You can also fax it to 541-322-6424.

## **Before you send in the appeal form:**

It is helpful to include any documents you feel will help us in making a decision. You have 60 calendar days to submit your request. You do not have to wait until you have all your information to send us the appeal. You can give us more information during the appeals process. You can also tell us who to call and we can get it for you.

We will send you a letter within five calendar days of getting your appeal. This is to let you know we are looking into your issue. All issues are reviewed carefully. It may take up to 16 calendar days to give you a written decision. You need to give us permission to look into and help you resolve the issue. Please note that all information gathered during this process is kept private.

For standard appeals, we can extend the review time frame up to 14 calendar days. We would do this if either you or the plan need more time to get information that would benefit your appeal. If we decide to extend your appeal, we will call you as soon as possible to let you know. A letter explaining why we are delaying the time frame will be sent to you within 2 days. If you don't agree with this, you have the right to file a complaint.

## **Oregon Health Authority administrative hearings**

If you appeal a decision and we deny your appeal, you or your representative also have the option to ask for an administrative hearing through the State. If we did not make a decision in the required amount of time, you or your representative have the right to ask for a hearing through the state.

Your Notice of Appeal Resolution letter will have a Hearing Request form that you can send to the State to ask for a hearing. You can also ask us to send you a Hearing Request form, or call OHP Client Services at 800-273-0557, TTY: 711, to ask for a form.

You must make your request within 120 days from the date of the decision notice. If you appeal to OHA, they will schedule a hearing within 45 days of your request.

If you believe your medical problem can't wait the regular time for a hearing, you can ask for a fast (expedited) hearing. OHA will review your case and decide if it qualifies for the faster hearing. They will tell you if your case can be expedited within 2 business days.

At the hearing, you can explain why you do not agree with the plan's decision, and why they should cover the services you requested.

Hearings are held before a neutral person called an Administrative Law Judge. They are usually held over the phone, but you can request one in person. Representatives from OHA Health Services Division and PacificSource Community Solutions will be at the hearing. If you need an interpreter, your Hearings Representative will arrange for one.

At the hearing, you can tell the judge why you do not agree with the decision and why you think OHP should cover the service(s). You do not need a lawyer, but you can have one. You can also ask someone else—such as your doctor, friend, or relative—to be with you. You can fill out the section in the hearing request form to name a representative who will speak for you at the hearing. The representative can be anyone you choose.

Make sure that the representative you name is willing and able to speak for you at the hearing. You can also have witnesses speak (for example: your child, friend, caregiver, or provider). Neither OHA nor PacificSource Community Solutions will pay for the cost of a lawyer. However, you may try the following options:

- Call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 800-520- 5292, TTY: 711 for advice and possible representation. Legal Aid information can also be found at [OregonLawHelp.org](http://OregonLawHelp.org).
- You also may be able to get free or reduced cost legal services through the Oregon State Bar Association at 800-452-8260.

If your problem is resolved after you have requested an administrative hearing, please tell the Hearings Representative handling your case.

## Appeal rights available to providers

If services have been denied to you, your provider (doctor) is allowed to file an appeal on your behalf. They need permission to appeal on your behalf as a representative. There is a form they can use located on our website, at: [PacificSource.com/Resources/Documents-and-forms](http://PacificSource.com/Resources/Documents-and-forms).



Your provider should include your medical records with their appeal, and a reason why the plan should cover the service.

## How to get information about complaints (grievances) and appeals

If you need any documents or forms related to a grievance or appeal, please contact Customer Service at 800-431-4135. We can also provide copies of written notice of denials showing why a service is not covered.

# Contact information and service hours

The ride provider for your area is listed below:

<p><b>Central Oregon, Columbia Gorge, and Salem regions</b></p>	<p><b>Eugene region</b></p>
<p>Deschutes, Jefferson, Crook, North Klamath, Hood River, Wasco, Marion, and Polk Counties</p>	<p>Lane County</p>
<p>Modivcare  <b>modivcare</b> <a href="http://PacificSourceRide.net">PacificSourceRide.net</a></p>	<p>RideSource  <b>RideSource</b> <a href="http://LTD.org/oregon-health-plan-service">LTD.org/oregon-health-plan-service</a></p>
<p><b>Central Oregon</b> 855-397-3619 <b>Columbia Gorge</b> 855-397-3617 <b>Salem Region</b> 844-544-1397 <b>TTY:</b> 711. We accept all relay calls.</p>	<p><b>Eugene Region</b> Local: 541-682-5566 877-800-9899 TTY: 711 We accept all relay calls.</p>
<p><b>Hours of Operation</b> Monday - Friday, 9:00 a.m. - 5:00 p.m. For Urgent and Discharge Trips: 7 days a week, 24 hours a day</p>	<p><b>Hours of Operation</b> Monday - Friday, 8:00 a.m. - 5:00 p.m.</p>

Your ride provider may be closed on the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. During a closure, you will be provided a recording or answering service providing information on the closure and how to reach emergency services by calling 911.

Call centers offer certified and qualified spoken and sign language interpreters. You are able to request interpreter services at no cost to you.

An after-hours message in at least English and Spanish will be provided if the NEMT call center is closed. The message will tell you how to get an alternative ride (without making a second call). If you want, you can leave a clear message with your phone number, and NEMT will call you back by the next business day. NEMT will keep trying until they reach you.

## Contact PacificSource Community Solutions

**From October 1 – January 31:**

8:00 a.m. - 8:00 p.m., PT, 7 days a week

**From February 1 – September 30:**

8:00 a.m. - 8:00 p.m., PT, Monday - Friday

**Central Oregon and Columbia Gorge**

541-382-5920 – Local

**Lane, Marion, and Polk Counties**

503-210-2515 – Local

**All Regions**

800-431-4135

TTY: 711. We accept all relay calls.

Fax: 541-322-6423

**Online:** [PacificSource.com/Medicaid](http://PacificSource.com/Medicaid)

**Mailing Address:**

PO Box 5729, Bend, OR 97708

We are closed the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and day after, Christmas Day.