



2024 RIDER'S GUIDE

Non-Emergent Medical Transportation

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03/26/2024 | OHP-UHA-23-069



UHA Nondiscrimination Notice

Umpqua Health Alliance (UHA) and its providers comply with applicable state and federal civil rights laws. We must follow state and federal civil rights laws. We cannot treat people unfairly in any program or activity because of a person's:

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

UHA does not discriminate against people able to enroll based on their health status or need for health care services.

Everyone (including members and non-members) has a right to enter, exit and use buildings and services. They also have the right to get information in a way they understand. We will make reasonable changes to policies, practices, and procedures by talking with you about your needs. You can contact any of the resources below:

To report your concerns or if you believe that UHA has failed to provide these services or have been discriminated, excluded, or treated unfairly for any of the above reasons. You can contact UHA's Appeals and Grievances Coordinator or Customer Care at:

- Web: <https://www.umpquahealth.com>
- Email: UHAGrievance@umpquahealth.com
- Phone: 541-229-4842 (TTY 711) or TTY 541-440-6304; Toll Free: 866-672-1551
- Fax: 541-677-5881
- By Mail: Umpqua Health Alliance
3031 NE Stephens St.
Roseburg, OR 97470

To report your concerns or get more information, you can also contact our diversity, inclusion and civil right executive manager (Non-discrimination coordinator):

- Web: www.umpquahealth.ethicspoint.com
- Email: compliance@umpquahealth.com
- By Mail: Umpqua Health Alliance
Attention: Chief Compliance Officer
3031 NE Stephens St.

UHA Customer Care: Toll Free 866-672-1551 | TTY 711

www.umpquahealth.com

BCB Customer Service: Toll Free 877-324-8109 | TTY 711

bca-ride.com



Roseburg, OR 97470

You can report concerns to the Oregon Health Authority (OHA) Civil Rights:

- Web: <https://www.oregon.gov/OHA/OEI/Pages/index.aspx>
- Phone: 844-882-7889, 711 TTY
- Email: OHA.PublicCivilRights@state.or.us
- By Mail: Office of Equity and Inclusion Division
421 SW Oak St., Suite 750
Portland, OR 97204

You can file a report with the Bureau of Labor and Industries Civil Rights Division:

- Web: www.oregon.gov/boli/civil-rights/pages/default.aspx
- Phone: 971-673-0764
- Email: crdemail@boli.state.or.us
- By Mail: Bureau of Labor and Industries Civil Rights Division
800 NE Oregon St, Suite 1045
Portland, OR 97232

You also have a right to file a Civil Rights Complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). Contact that office one of these ways:

- Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- Phone: 800-368-1019, 800-537-7697 (TDD)
- Email: OCRComplaint@hhs.gov
- By Mail: Office for Civil Rights
200 Independence Ave. SW , Room 509F, HHH Bldg.,
Washington, DC 20201

OHA Language Access Statement

If you need another language, large print, Braille, CD, tape or another format, call Customer Care at 541-229-4842 (TTY 711) or TTY 541-440-6304, toll free 866-672-1551. Members may access free sign and oral interpreters, as well as translations and materials, such as Provider Directories, Member Handbooks, Appeals and Grievance Notices, Denials and Termination Notices, and any other items, in alternate formats free of charge. All written materials can be provided within 5 business days.

UHA Customer Care: Toll Free 866-672-1551 | TTY 711

www.umpquahealth.com

BCB Customer Service: Toll Free 877-324-8109 | TTY 711

bca-ride.com



You can have a voice or sign language interpreter at your appointments if you want one. When you call for an appointment, tell your provider's office that you need an interpreter and in which language. Information on Health Care Interpreters is at www.Oregon.gov/oha/oei.

The free interpreters that are available also can be used by member representatives, family members and caregivers with hearing difficulties or limited understanding of English who need help to understand a member's medical needs and care.

Si necesita otro idioma, impresión grande, Braille, CD, cinta u otro formato, llame al servicio de atención al cliente al 541-229-4842 (TTY 711) or TTY 541-440-6304, número gratuito 866-672-1551, o TTY 541-440-6304 / 711. Los miembros pueden acceder gratuitamente a intérpretes de letreros e intérpretes orales, así como a traducciones y materiales, como directorios de proveedores, manuales de miembros, avisos de apelaciones y reclamaciones, avisos de denegación y rescisión, y cualquier otro elemento, en formatos alternativos de forma gratuita. Todos los materiales escritos se pueden proporcionar en un plazo de 5 días hábiles.

Puede tener un intérprete de voz o lenguaje de signos en sus citas si lo desea. Cuando llame a una cita, dígame a la oficina de su proveedor que necesita un intérprete y en qué idioma. La información sobre los intérpretes de atención médica se encuentra en www.Oregon.gov/oha/oei.

ENGLISH

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 541-229-4842 (TTY 711) or TTY 541-440-6304 or TTY 711. We accept relay calls.

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You can get help from a certified and qualified health care interpreter.

SPANISH

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 541-229-4842 (TTY 711) or TTY 541-440-6304 o TTY 711. Aceptamos todas las llamadas de retransmisión.

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Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

RUSSIAN

Вы можете получить это письмо на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 541-229-4842 (TTY 711) or TTY 541-440-6304 или TTY 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

VIETNAMESE

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 541-229-4842 (TTY 711) or TTY 541-440-6304 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhận và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

ARABIC

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 541-229-4842 (TTY 711) or TTY 541-440-6304 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

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يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

SOMALI

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 541-229-4842 (TTY 711) or TTY 541-440-6304 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

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Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

SIMPLIFIED CHINESE

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电 541-229-4842 (TTY 711) or TTY 541-440-6304 或 TTY 711。我们会接听所有的转接来电。

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您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

TRADITIONAL CHINESE

您可獲得本信函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 541-229-4842 (TTY 711) or TTY 541-440-6304 或聽障專線 711。我們接受所有傳譯電話。

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您可透過經認證的合格醫療保健口譯員取得協助。

KOREAN

이 서신은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 541-229-4842 (TTY 711) or TTY 541-440-6304 또는 TTY 711 에 전화하십시오. 저희는 중계 전화를 받습니다.

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공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

HMONG

Koj txais tau tsab ntawv no ua lwm yam lus, ua ntawv loj, ua lus Braille rau neeg dig muag los sis ua lwm yam uas koj nyiam. Koj kuj thov tau kom muaj ib tug neeg pab txhais lus. Txoj kev pab no yog ua pub dawb. Hu 541-229-4842 (TTY 711) or TTY 541-440-6304 los sis TTY 711. Peb txais tej kev hu xov tooj rau neeg lag ntseg.

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Koj yuav tau kev pab los ntawm ib tug kws txawj txhais lus rau tib neeg mob.

MARSHALLESE

Kwomaroñ bōk leta in ilo kajin ko jet, kōn jeje ikkillep, ilo braille ak bar juon wāwein eo emmanloḵ ippam. Kwomaroñ kajjitōk bwe juon ri ukōt en jipañ eok. Ejjeḵ wōḵāān jipañ in. Kaaltok ak TTY 711. Kwomaroñ kaaltok in relay.

-

Kwomaroñ bōk jipañ jān juon ri ukōt ekōmālim im keiie āinwōt ri ukōt in ājmour.

CHUUKESSE

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 541-229-4842 (TTY 711) or TTY 541-440-6304 ika TTY 711. Kich mi etiwa ekkewe keken relay.

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En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

TAGALOG

Makukuha mo ang liham na ito sa iba pang mga wika, malaking letra, Braille, o isang format na gusto mo. Maaari ka ring humingi ng tagapagsalin. Ang tulong na ito ay libre. Tawagan ang 541-229-4842 (TTY 711) or TTY 541-440-6304 o TTY 711.

Tumatanggap kami ng mga relay na tawag.

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Makakakuha ka ng tulong mula sa isang sertipikado at kwalipikadong tagapagsalin ng pangangalaga sa kalusugan.

GERMAN

Sie können dieses Dokument in anderen Sprachen, in Großdruck, in Brailleschrift oder in einem von Ihnen bevorzugten Format erhalten. Sie können auch einen Dolmetscher anfordern. Diese Hilfe ist gratis. Wenden Sie sich an 541-229-4842 (TTY 711) or TTY 541-440-6304 oder per Schreibtelefon an 711. Wir nehmen Relaisanrufe an.

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Sie können die Hilfe eines zertifizierten und qualifizierten Dolmetschers für das Gesundheitswesen in Anspruch nehmen.

PORTUGUESE

Esta carta está disponível em outros idiomas, letras grandes ou braile, se preferir. Também poderá solicitar serviços de interpretação. Essa ajuda é gratuita. Ligue para 541-229-4842 (TTY 711) or TTY 541-440-6304 ou use o serviço TTY 711.

Aceitamos encaminhamentos de chamadas.

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Você poderá obter a ajuda de intérpretes credenciados e qualificados na área de saúde.

JAPANESE

この書類は、他の言語に翻訳されたもの、拡大文字版、点字版、その他ご希望の様式で入手可能です。また、通訳を依頼することも可能です。本サービスは無料をご利用いただけます。541-229-4842 (TTY 711) or TTY 541-440-6304 または TTY 711 までお電話ください。電話リレーサービスでも構いません。

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認定または有資格の医療通訳者から支援を受けられます。

Customer Care Location and Hours of Operation

Address	Hours of Operation	Contact Information
3031 NE Stephens St Roseburg, OR 97470	Monday through Friday 8:00 am to 5:00 pm	541-229-4UHA (541-229-4842) TTY 711 or TTY 541-440-6304 Toll free: 866-672-1551 Fax: 541-677-6038 Email: UHCustomerCare@umpquahealth.com Website: www.umpquahealth.com

Members may reach a person 24 hours a day, seven days a week. However, UHA is closed on the following holidays:

- New Year's Day (01/01/24)
- Memorial Day (05/27/24)
- Independence Day (07/04/24)
- Labor Day (09/02/24)
- Veteran's Day (11/11/24)
- Thanksgiving (11/28/24)
- Friday after Thanksgiving (11/29/24)
- Christmas (12/25/24)

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Welcome!

Umpqua Health Alliance (UHA) works with Bay Cities Brokerage (BCB) to give rides to medical appointments and other medical services. This Riders Guide is to help you understand how Non-Emergent Medical Transportation (NEMT) works. This is so you know when and how to use this service. You can get this in paper form without charge at any time. We will mail it to you within 5 business days. You can also find this on our website at www.umpquahealth.com/get-a-ride/. We can provide the Rider’s Guide in other formats or languages. For example, you can get an audio version or digital version sent by email. You must approve getting it electronically before UHA can send it. To request a Riders Guide, please contact UHA Customer Care at 541-229-4842 (TTY 711) or TTY 541-440-6304 or email UHCustomerCare@umpquahealth.com.

Who Can Receive These Rides?

Any UHA member that is currently active can receive rides to and from covered OHP services, including any member eligible for NEMT services under OAR 410-141-3920. You can use this service to even go to the pharmacy to pick up your medicines. No matter what plan you signed up for when you applied, UHA is responsible for providing your NEMT services at no cost to you. Prior to your ride being scheduled, BCB confirms all the following:

- That you are active on UHA.
- That the ride is for a covered service or is a health-related service.
- That you are eligible for services.
- That the transportation is a covered NEMT service.

Full Benefit Dual Eligible (FBDE) Members

These members are also able to receive rides through BCB. They will confirm that you are able to get a ride, and that the service is covered through your Medicare plan or Medicaid plan, or directly with your Medicare provider. Rides for FBDE member must be within UHA’s service area or can be outside the service area if the covered service or health related service is not available in the service area. These rides are free to FBDE members.

Veteran and Compact of Free Association (COFA) Dental Program Members

If you are a member of the Veteran Dental Program or COFA Dental Program (“OHP Dental”), UHA only provides dental benefits and free rides to dental appointments.

OHP and UHA do not provide access to physical health or behavioral health services or free rides for these services.

If you have questions regarding coverage and what benefits are available, contact Customer Care at 541-229-4842 (TTY 711) or TTY 541-440-6304.

Service Hours

BCB’s call center is open Monday through Friday, from 8 a.m. to 5 p.m. for routine appointments. Please call them at their Toll-Free number 877-324-8109 to schedule NEMT services. You can also email them at support@bca-ride.com. They have qualified multilingual staff available if you need additional help. There are oral interpretation services available by phone at no cost to members or their representatives. This includes help for hearing and speech impaired. To get this help, call BCB’s call center at 877-324-8109.

A member representative can also schedule NEMT. This can be the members Community Health Worker, foster parent, adoptive parent, or other provider given this authority.

If calling after hours, or for urgent scheduling, there is a 24-hour hotline available. When you call the hotline, there will be an after-hours message in English and Spanish. The message will provide you BCBs regular business hours and their phone number to call. The after-hours line is only available to schedule trips to life sustaining services. You will be given the option to reach a live person or leave a message. If you leave your name and phone number, BCB will respond to your message within the next business day. They will continue to call you until you are reached. Messages are checked every few hours.

You can also schedule 24/7 using the online portal. See pages 37-39 for more information about the portal. BCB’s call center may be closed on certain holidays, such as, but not limited to New Year’s Day (01/01/24), Memorial Day (05/27/24), Independence Day (07/04/24), Labor Day (09/02/24), Thanksgiving (11/28/24), and Christmas Day (12/25/24). You can still call BCB for urgent matters when they are closed. Trips for covered NEMT services are covered and provided 24 hours a day, 365 days a year. In accordance with OAR 410-141-3920:

- Same day for NEMT Services,
- Up to 90 days in advance,
- Multiple NEMT services at one time for multiple appointments up to 90 days in advance.

After hours, weekends, or holidays may be more difficult to arrange. If you have an appointment during that time, please make sure to contact BCB ahead of time. They will need to arrange a ride for you.

Types of Rides

BCB will work with you to provide you the best ride to fit your medical needs. The following are ride options available:

- Bus (tickets or passes) or Mass Transit
- Wheelchair Van
- Sedan
- Secure Transport
- Stretcher Car
- Mileage Refund

They will schedule and assign the trip to an appropriate NEMT provider after approving the ride. If receiving mileage refund or using mass transit, BCB is not responsible for setting up that ride. BCB is a shared ride program. This means that other passengers may be picked up or dropped off along the way. When possible, you may also be asked to schedule multiple appointments on the same day to avoid repeat trips.

NEMT & Flexible Services

Flexible services, also known as Health-Related Services (HRS), are extra services UHA offers. These services are not covered by OHP but are offered by UHA as an addition to covered benefits. HRS helps improve overall member and community health and well-being. They are support for items or services to help members become or stay healthy. UHA covers rides/transportation to and from community benefits and services that aren't covered under Oregon's Medicaid plan but will improve a person's health. Some rides that may be covered are:

Service	Plan Approval Needed	No Plan Approval Needed
Adult Day Care	✓	
Alcoholics/Narcotics Anonymous Meetings		✓
Community Advisory Council (CAC) Meetings for UHA		✓
Court Appearances <i>Covered for purposes of attending for the Member's own mental health commitment-related proceedings</i>		✓
DHS Appointment		✓

Service	Plan Approval Needed	No Plan Approval Needed
Fitness Center <i>Includes the YMCA</i>		✓
Food Resource <i>Limited to 2 round trips per month. Includes Grocery Store and Farmer's Market.</i>		✓
Hospital Visitation	✓	
Lamaze Classes (Or Similar Birthing Class)		✓
Nutrition Program for Women, Infants and Children (WIC)		✓
Self Help Group Meetings <i>Includes Chadwick Club House</i>		✓
Vocational Rehabilitation	✓	
Weight Control Programs	✓	

The table above is not a full list of flexible services. If you have questions, please call UHA Customer Care at 541-229-4842 (TTY 711) or TTY 541-440-6304 or BCB Customer Service at 877-324-8109.

Secure Transports

In accordance with OAR 410-141-3940, secure transport is provided to members who are unable to be transported by any other means due to a mental health crisis. This can be for someone who is in a crisis or at immediate risk of harming themselves or others due to a mental or emotional problem or substance abuse. This type of transportation means that members may need to be restrained during the transport. Secure transports are for transport to a Medicaid facility that is recognized as being able to treat the urgent medical or behavioral health care need of the member in crisis. An attendant may go with the member, at no charge, when medically appropriate such as to give medicine in-route or to satisfy legal requirements that include but aren't limited to, when a parent or legal guardian, or escort is required during the transport.

Mode of Transport and Level of Service

UHA will make service modifications if you have special conditions or needs, including behavioral health or physical disabilities. A service modification sets special conditions and reasonable restrictions on future rides. If you are put on a service modification, you will receive a letter of explanation. BCB will make all determinations of the mode of ride and the proper level of service in accordance with OAR 141-410-3955. The mode of the ride is the way in which you are driven one place to another. Some types of modes are a wheelchair van or sedan. BCB will review the following about each rider to determine the mode of ride:

- Ability to walk, and if they need a walker, cane, or wheelchair.
- Ability to move or be moved. Ability to carry out activities of daily living.
- Need for assistance and if they have an attendant, they meet the attendant requirements.
- Special conditions or needs including physical or behavioral health conditions. This includes health and safety needs.
- Level of service to fit needs (curb-to-curb, door-to-door, or hand-to-hand, or both).

Scheduling A Ride

To get a ride with BCB:

- Call Toll-Free: 877-324-8109 to talk directly to a person in BCB Customer Service
- Go to their online portal: portal.bca-ride.com

You can use these contact options to:

- Schedule a ride
- Make changes to a ride
- Check on a ride
- Cancel a ride

BCB prefers NEMT services be scheduled at least two business days ahead. However, they may be scheduled up to 90 days ahead of time. When scheduling your ride, BCB cannot require you to arrive more than 1 hour before the scheduled appointment. They will also schedule same day NEMT trips if needed. You can schedule more than one trip at a time for all your appointments. Your ride will be approved and scheduled, or denied, within 24 hours of the request. The timeframe can be reduced as needed to make sure that you get to your appointment with enough time to check in and prepare for your appointment. Trips affected by unplanned events require BCB to reassign the ride to another NEMT provider when needed. BCB will make all efforts for members to have access to NEMT services 24 hours a day. BCB is not responsible for scheduling rides when you use public transportation or when you or another person gets mileage reimbursement.

You can contact BCB 24 hours a day, 7 days a week, 365 days a year. For Emergency Room Trips, please call 911. When calling BCB, please be ready to answer the following questions. This is so they can make sure your ride fits your needs:

- Your Name:
- Your UHA ID number:
- Your pick-up address:
- Your phone number:
- Provider and office's name and address:
- Provider and office's phone number:
- Date and time of your appointment:
- Return pick-up time and date after appointment:
- Reason for the appointment:

- Directions to get to your home or appointment:
- Do you use a cane or walker?
- Do you use any devices that help with mobility?
- Do you have any special physical or behavioral health needs?
- Can you get in and out of a car unassisted?
- Do you use a wheelchair? Do you need to use a wheelchair van?

BCB will make sure your driver will have all of your information before pick up. BCB will schedule your pickup with enough time so you can check-in and prepare for your appointment. They will make sure you arrive no less than 15 minutes early. This is to prevent a late drop off. If scheduling for a minor, BCB will need to know the child's personal information. They will also need the information for the adult who will be joining them. For more information, please see the children section on pages 28-29.

If you are over the age of 18 and have a member representative, they can schedule the ride for you. This can include a Community Health Worker (CHW), foster parent, parent, caretaker, or any other delegated provider. If you want to limit who can schedule rides for you, please let BCB know. They will put in your profile a special password set by you.

Ride Status

You will receive information from BCB about your NEMT ride. This will give you information that must, at a minimum, include the name and phone number of the driver or NEMT provider. It also confirms:

- The scheduled pick-up date.
- Scheduled pick-up time.
- The pick-up address; and
- The address of the destination.

If BCB cannot provide this information when you first call, you will receive this information two days before your scheduled ride in a way you choose (phone call, email, fax). If the ride requested is less than two (2) business days prior to the scheduled pick-up time, BCB may, but is not required to, give you the name and telephone number of the NEMT driver or NEMT provider.

What to Expect from Your Driver

When your transportation driver arrives, they may come to the door of your home or the main entrance to your doctor's office to let you know that they have arrived.

BCB's transportation drivers are there to help you get to your appointments, Hand-to-Hand, Door-to-Door, and Curb-to-Curb. If needed, they can assist you into or out of the vehicle. The driver may also help you into the main entrance to your doctor's office. However, they cannot assist you into the medical rooms or any other areas of the building. If you require further assistance, you may ask the office staff for help. If you have a personal care attendant, they can also help you. For more information about a personal care attendant, please see page 28 of this guide.

The transportation drivers are not allowed to enter your room, except for hospital discharges or stretcher transports.

These drivers do not help transfer you between a bed to a wheelchair or wheelchair to vehicles. Some drivers will not be able to help you up or down stairs if you are in a wheelchair. If you use a wheelchair, please inform BCB when you schedule your ride of any special requirements you may have. This is to ensure that an appropriate driver is scheduled for you.

Drivers are not allowed to request, or accept cash, fairs, or tips for your ride.

When there is a scheduled ride and the driver arrives, they will let the passenger know. The driver is required to wait at least 15 minutes after the scheduled pick-up time. If the passenger is not ready by that time, the driver will call BCB Customer Service and let them know before they leave.

Contingency Plan for Peak & Bad Weather Transportation

If there are delays that could cause you to be more than 15 minutes late for your appointment, your driver will work to plan another way for you to get there. Traffic and weather can affect how long it takes to drive to your appointment. BCB has plans in place to make sure drivers are able to give you a ride. Bad weather may cause rides to be late or limited in what kinds of rides can be scheduled. This weather could be severe heat, severe cold, flooding, tornado warnings, heavy snowfall, or icy roads. These conditions might make it unsafe to drive you to your appointment.

When bad weather hits, BCB will keep up with the weather. They will see if it is safe to continue with your ride. BCB will make every effort to make sure you have the right kind of ride for the weather. They will work with you and your provider to change ride plans if the weather is not safe to travel in. If the drivers are not able to take you because the roads are not safe for travel, BCB will contact you to let you know. When necessary, they will work with another NEMT provider to ensure timely reassignment of the affected trip. If you need critical medical care, you can still receive rides. This includes but is not limited to renal dialysis, radiation, and chemotherapy.

When to Be Ready

It's very important to make sure you are ready for your appointment. When you schedule your ride, the representative will give you the time when your driver will arrive. The transportation driver may arrive 15 minutes before, or no more than 15 minutes after your scheduled pick-up time. Please make sure to give yourself enough time when scheduling to allow for this extra time. If your driver does not arrive in that timeframe, please call BCB right away. BCB does not allow drivers to change the pre-scheduled pick-up time. Any changes require documented permission from BCB or UHA.

Once you are done with your appointment, a return trip must be provided without excessive delay. Your driver should arrive at the scheduled pick-up location 15 minutes before, or 15 minutes after that time. For return trips that are not pre-scheduled, once you call BCB to let them know you're ready to

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be picked up, they will meet you within one (1) hour. If they do not pick you up in that timeframe, please call BCB right away.

If you miss your scheduled ride, you **MUST** call BCB. Do **NOT** call the transportation driver to reschedule. If you are not ready when the driver arrives, they will wait 15 minutes. After 15 minutes, the driver may go to their next scheduled pickup, and you will need to reschedule with BCB. Before the driver leaves, they will call BCB dispatch and let them know they are leaving your location. If your driver arrives before your scheduled pickup, you do not have to leave early. You are not required to enter the transportation vehicle until your scheduled pick-up time. The 15 minutes will start at the scheduled pickup time.

BCB drivers are not permitted to drop you off more than 15 minutes of the business opening or closing. However, this may be allowed if requested by you, your parent or guardian, or your representative. This may also be allowed if your appointment is not expected to end within 15 minutes of closing.

Cancellations, Rescheduling, or No Shows

If you need to cancel or reschedule your ride, contact BCB as soon as you can. This is so the driver can be notified. Do **NOT** call the driver directly. BCB will do their best to adjust to any sudden schedule changes.

You can cancel or make changes to your ride by phone or web. These are available 24/7.

If you have a ride scheduled, and do not cancel or reschedule it, it will be marked as a no-show.

If you call BCB to cancel your ride and the driver is on their way, this will also be treated as a no-show.

Many no-shows may end up in BCB refusing rides. It is very important that you make every effort to cancel your ride. Please do this within a reasonable time before the scheduled pick up. Failure to do so can result in the lack of available rides to other customers.

The following service changes can happen if you keep no showing:

- Limiting the number of rides you can schedule at a time
- Limiting how far ahead you can schedule rides
- Limit you to a specific NEMT provider
- Only allow you to use mileage reimbursement

The following may also cause changes to your ride services:

- A member has a health condition that is a direct threat to the driver or others in the vehicle
- A member threatens harm to the driver or others in the vehicle
- A member engages in behavior or creates situations that puts the driver or others in the vehicle at risk of harm

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- A member engages in behavior that, in UHA's eyes, causes local medical providers or facilities to refuse to provide covered services to you

Urgent Rides

If you have an emergency, call 911. BCB and UHA cannot arrange emergency ambulance rides. If you need to go to the Urgent Care and be seen right away, urgent rides can be set up if available. If you need an urgent ride, please contact BCB.

Ride Denials

Some rides may not be covered because UHA has not approved it. For example: You want to go to a doctor that is not in Douglas County. UHA needs an approved prior authorization (PA) before a ride can be approved. To find out if you have an approved PA, you can call your doctor or UHA's Customer Care.

You may also get a ride denial if you have been put on a limited ride policy because of too many no shows. See pages 20-21 to learn about the no show policy. BCB will either approve and schedule or deny your ride within 24 hours of receiving the request. If your ride is denied, you will receive a Notice of Action Benefit Denial (NOABD) letter.

Before mailing out your NOABD, UHA must provide a second review by another employee when the first reviewer denies the ride. UHA will send out the NOABD within 72 hours of the denial. This letter will go out to you, and the provider or other third party you were scheduled to see.

Complaints, Appeals and Fair Hearings

UHA makes sure all members have access to a grievance system (complaints, appeals and hearings). These rights are outlined in OAR 410-141-3880 through 410-141-3915 and apply to NEMT services. We try to make it easy for members to file a complaint or appeal and get info on how to file a hearing with the Oregon Health Authority. Let us know if you need help with any part of the complaint, appeal, and/or hearings process. We can also give you more information about how we handle complaints and appeals. Copies of our notice template are also available by request.

Ask for an Appeal

There are times when requests for NEMT will be denied. Members have the right to file a grievance, appeal or contested hearing about anything related to their services. All members will be provided a letter if their ride is denied. You must ask for an appeal within 60 days of the date of the denial letter.

If you do not agree with the reason BCB denied your ride, call them to file an appeal. Their number is listed below. You may also file an appeal with UHA by calling UHA Customer Care at 1-866-672-1551 or use the Request to Review a Health Care Decision form. The form was sent with the denial letter. You can also get it at <https://bit.ly/request2review>. You can also fax the form to 541-677-5881. You

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can let us know that you are unhappy about the denial of a service, full or in part by using UHA's appeal process.

You must get a denial letter before you can ask for an appeal. If you did not receive a letter, or your provider says you cannot have a service or that you will have to pay for a service, you can ask UHA for a denial letter (NOABD). Once you have the denial letter, you can ask for an appeal.

Who Can Ask for an Appeal

You or someone with written permission to speak for you. That could be your doctor or an authorized representative.

Filing a Complaint (Grievance)

If you are unhappy with BCB or UHA, whether that includes your driver, their vehicle safety, quality of services, or interaction with your NEMT provider or NEMT driver (like they were rude, you were unable to access services, or your rights were violated), you are encouraged to file a complaint or grievance. You can file a complaint about any matter other than a notice of denial (NOABD) and at any time orally or in writing. We will try to make it right. Just call UHA's Customer Care at 1-866-672-1551 to have us file a complaint on your behalf. You can request a complaint form to be mailed to you. You can also send us a letter letting us know about what has happened.

Please send these letters to:
Umpqua Health Alliance
Attn: Complaint (Grievance) and Appeal Resolutions
3031 NE Stephens Street
Roseburg, OR 97470

Examples of Reasons a Complaint May be Filed

You can file a complaint about any matter other than a notice of denial and at any time orally or in writing. Some examples of reasons you may file a complaint are:

- Problems making appointments or getting a ride
- Not feeling respected or understood by providers, provider staff, drivers or UHA
- Care you were not sure about, but got anyway
- Bills for services you did not agree to pay
- Disputes on UHA extension proposals to make approval decisions
- Driver or vehicle safety
- Quality of the service you received

A representative or your provider may make (file) a complaint on your behalf, with your written permission to do so. If you are unhappy about a denied service, you may file an appeal through UHA.

UHA, its contractors, subcontractors, and participating providers cannot:

- Stop a member from using any part of the complaint and appeal system process or take punitive action against a provider who asks for an expedited result or supports a member's appeal.
- Encourage the withdrawal of a complaint, appeal, or hearing already filed; or
- Use the filing or result of a complaint, appeal, or hearing as a reason to react against a member or to request member disenrollment.
- Stop you from filing a grievance with UHA if you already filed the same grievance with BCB and are unhappy with how it was resolved.

Complaint (Grievance) and Appeal Resolutions

UHA directs members (and passengers) to follow the grievance and appeal system for NEMT services which can include:

- Denial of NEMT services in full or in part
- Quality of services
- Appropriateness of services
- Access to services

Appeals and complaints include those received from you, your authorized representative, medical providers, or facilities, with member consent. A grievance may be filed at any time.

If UHA delegates its NEMT services to another company (like a taxi service), neither one of them will stop you from making a complaint. You may also file or submit the same complaint to both the NEMT provider and UHA. UHA will document, respond, address, and resolve all member complaints and appeals provided by UHA or BCB.

Receiving a Reply

Complaints and appeals are recorded within UHA and reviewed by the Appeals and Grievances team. Complaints are tracked based on their nature. This includes any known provider involved. UHA will look into your complaint and let you know what can be done within 5 business days. If we need more time to address your complaint. We will send you a letter within 5 business days letting you know. UHA resolves all complaints within 30 calendar days. After we investigate, you will get a letter explaining how we will address it.

Appeals are reviewed and replied within 16 days. If extra time is needed to do a good review, you will get a letter saying why up to 14 more days is needed. Then you will get a letter about the outcome. Once you receive it you can appeal your denial, or you can call Customer Care and ask to file one over the phone. An appeal must be requested no more than 60 days from the date on the denial letter.

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If You Need a Faster Reply

You can ask for a fast appeal. This is also called an expedited appeal. Call us or fax the request form. The form was sent with the denial letter. You can also get it at <https://bit.ly/request2review>. Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal.

How Long Does a Fast Appeal Take?

If you get a fast appeal, we will make our decision as quickly as your health requires, no more than 72 hours from when the fast appeal request was received. We will do our best to reach you and your provider by phone to let you know our decision. You will also get a letter.

At your request or if we need more time, we may extend the timeframe for up to 14 days. If a fast appeal is denied or more time is needed, we will call you and you will receive written notice within two days. A denied fast appeal request will become a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days.

Getting a Decision

We will send you a letter with our appeal decision. This appeal decision letter is also called a Notice of Appeal Resolution (NOAR). If you agree with the decision, you do not have to do anything.

Asking for a Hearing

After the appeal, if you still do not agree with the outcome or if UHA went beyond the timeframe allowed for the appeal, ask for a state fair hearing with an Oregon Administrative Law Judge. You, your authorized representative, or your provider with your written consent must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).

Faster Hearings for Urgent Healthcare Needs

You, your authorized representative, or your provider can ask for a fast hearing. This is also called an expedited hearing. To ask for a normal hearing or a faster hearing, call the state at 800-273-0557 (TTY 711) or use the request form that was sent with the letter. Get the form at <https://bit.ly/request2review>. You can send the form to:

OHA Medical Hearings
500 Summer St NE E49
Salem, OR 97301
Fax: 503-945-6035

The state will decide if you can have a fast hearing 2 working days after getting your request.

Who Can Ask for a Hearing

You or someone with permission to speak for you. That could be your doctor or an authorized representative. They don't need permission in writing.

What to Expect at a Hearing

At the hearing, you can tell the Oregon Administrative Law judge why you do not agree with our decision about your appeal. The judge will make the final decision.

Can I Have Representation at My Hearing

You have the right to have another person of your choosing represent you in the hearing. This could be anyone, like a friend, family member, lawyer, or your provider. You also have the right to represent yourself if you choose. If you hire a lawyer, you must pay their fees. For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; TTY 711. The hotline is a partnership between Legal Aid of Oregon and the Oregon Law Center. Information about free legal help can also be found at oregonlawhelp.org/.

Continuing Benefits During Hearing

If you were getting the services we denied prior to the denial, you have the right to keep getting them during your hearing process. You must ask for benefits to continue within 10 days of the date on the denial letter (NOABD) or by the date this decision is effective, whichever is later.

You may have to pay for services received during the appeal or hearing if the decision is not in your favor.

Mileage Reimbursements

BCB provides mileage reimbursement if you can get yourself to an appointment. This includes using your own car or getting a ride from someone else. You can schedule a ride via phone call or online. BCB has a Reimbursement Verification Form that you must fill out to receive reimbursement. You can find this form on their website: <http://bca-ride.com>, or you can call BCB Customer Service and request one be mailed to you.

BCB provides reimbursements for the following services:

- Mileage Reimbursement
- Meals
- Lodging

How It Works:

You can call or go online schedule your ride.

The day before, or the day of your appointment, you must call BCB Customer Service.

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Any healthcare professional at the facility must sign the Reimbursement Verification Form. This includes nurses, therapists, physicians' assistants, or nurse practitioners. It does not have to be the doctor.

When you have completed your Reimbursement Verification Form, you can send it in to BCB for reimbursement. You must submit your form within 45 days of the first appointment. UHA may disallow your request if we receive it more than 45 days after the trip. You can send in your Reimbursement Verification Form:

- **By Mail:**
BCB
3505 Ocean Blvd SE
Coos Bay OR 97420
- **Drop off at the local office:**
1290 NE Cedar St
Roseburg, OR 97470

Please note that BCB is not responsible for setting up any rides that are eligible to receive mileage reimbursements.

Meals and Lodging Refunds

If you have an appointment that is outside of Douglas County, you may be eligible for meals and/or lodging reimbursement. You may need prior approval or provider confirmation of visit for reimbursement requests for meals and lodging to covered health services to qualify for reimbursement. Prior to receiving reimbursement, you must return all required documents to UHA or BCB. BCB may hold refunds if the amount is less than \$10.00 until the members refund reaches \$10.00.

Meal Reimbursements are received if you travel outside of your local area (in urban areas, 30 miles or 30 minutes; for rural areas, 60 miles, or 60 minutes), for a minimum of four (4) hours round-trip.

Lodging Reimbursements are available if the travel time begins before 5:00 am to reach your appointment, if the travel from your appointment would end after 9:00 pm, or your doctor documents it's medically necessary. BCB may provide lodging refunds in special situations. You and your attendant, parent, or guardian may go with you if medically necessary and receive a refund for meals and lodging. This is allowed if any of the following apply:

- The member is a minor child and unable to travel alone.
- Your doctor gives a signed statement saying that an attendant must travel with you.
- You are mentally or physically unable to get to your appointment without help.
- You would be unable to return home without help.

Additional attendants may be refunded for meals and lodging under special situations if necessary. This is at UHA's discretion.

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Reimbursement Rates

The reimbursement rates are calculated as followed:

- Private Car Mileage Refund:
 - \$0.44 a mile
- Member Meal Refund – \$27.00 per day
 - Breakfast: \$8.00 – *Travel must begin before 6:00 am.*
 - Lunch: \$8.50 – *Travel must span the entire period from 11:30 am to 1:30 pm.*
 - Dinner: \$10.50 – *Travel ends after 6:30 pm.*
 - Attendant Meals – \$27.00 per day
 - Breakfast: \$8.00
 - Lunch: \$8.50
 - Dinner: \$10.50
 - You do NOT need to submit receipts for your meals.
- Lodging Refund:
 - Lodging amount: \$98.00 per night – *Travel ends after 9:00 pm or your health care provider documents a medical need.*
 - Attendant lodging: \$98.00 per night (if staying in a separate room)
 - Lodging will not be reimbursed if the trip can be made in one day. Also, for multiple appointments on different days when they can be scheduled on the same day. This is unless your provider says it's medically necessary to stay overnight or for other reasons at UHA's discretion.

If someone other than the member or a parent or guardian of a minor provides the ride, BCB may reimburse them. For more information about BCB Reimbursement Policy and rates, and to request prior authorization, please contact BCB Customer Service at 877-324-8109.

Overpayments

If BCB overpays you, we may ask for any over payment back. Overpayments happen when BCB or other transportation services paid for:

- Mileage, meals, and lodging, but another provider also paid for the services to:
 - The member
 - The provider who gave the ride, meals, or lodging
- Reimbursement money that was provided when services were not used (like you didn't go to your appointment but received a refund anyways)
- A refund request that was received for mileage and the ride was shared with another member who also received mileage refunds
- Public transit (bus) tickets or passes that were issued and the tickets were sold or gave the tickets or passes to someone else

Member Billing

UHA members do not have to pay for covered services even if UHA or its contracted transportation provider denied reimbursement for the transportation service. This includes getting a ride through BCB. If BCB sends you a bill, please contact UHA's Customer Care and we will help you get the bill cleared up. UHA does not have any cost-sharing for NEMT services.

Safety Belts and Car Seats

Per Oregon State law, it is required that all people wear an appropriate restraint while riding in a moving vehicle. If you or anyone riding with you requires a seat belt extender, you must notify BCB at the time you schedule the ride.

Per Oregon law ORS 815.055, car seats and booster seats are required for:

- A child under 2 years old must sit in a rear-facing car seat.
- A child 2 years or older who weighs less than 40 pounds must sit in a car seat.
- A child who weighs more than 40 pounds must sit in a booster seat until they are 4 feet, 9 inches, or 8 years old and the adult belt fits correctly.
- A driver can transport a child only with the proper car seat and an attendant.

You are required to bring your own car seat or booster seat and install it in the seat. Your driver cannot install the seat for you. These cannot be left in the driver's vehicle. This is because you may not have the same driver picking you up from your appointment. An NEMT driver may not transport a member if a parent or guardian fails to provide a safety seat that complies with state law.

Attendants

If you need more help than your driver can provide, an attendant (Member Representative) must come with you. You, your guardian, or your caregiver are responsible for providing an attendant when needed. The attendant must meet the requirements under OAR 410-141-3935. They can be your mother, father, stepmother, stepfather, grandparent, or guardian. An attendant may also be any adult 18 years or older authorized by a member's parent or guardian.

One attendant can travel with you at no cost. Extra riders may have to pay a fare or a shared ride cost. An additional attendant may accompany you with secured transport if it is needed. BCB only provides the ride, they are not responsible for the cost of bringing an attendant along. This includes their wages, meals, or other costs they may charge.

Children

Minors (children ages 12 and under) and members with special physical or developmental needs regardless of age are required to have an adult attendant with them at all times. BCB will decide if the attendant meets the requirements to be an attendant. The attendant must be one of the following:

- The member's mother, father, stepmother, stepfather, grandparent, or guardian
- Adult relative

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- An adult expressly identified in writing by the parent or guardian as an attendant
- A volunteer or employee of the Department of Human Services (DHS)

An adult attendant can ride with the child at no cost. If your child is over 12, it is not required that they have an adult attendant. However, one adult may go with a child up to the age 18 at no cost. Most providers require an adult signature for most procedures for any child under 18 years of age.

Oregon State law requires children be in car seats or booster seats. Please see the section above for the policy.

Wheelchair and Other Mobility Aids

If you use a wheelchair, power wheelchair, scooter, or other mobility aids, please let BCB know when scheduling your ride. This is to make sure that the right vehicle is scheduled for you.

If you use a non-standard or oversized wheelchair, you must inform BCB when scheduling your ride so that an appropriate vehicle can be sent. An oversized wheelchair is the following:

- Larger than 30 inches wide
- 48 inches long
- Weighs more than 600 pounds when occupied

Three-wheeled scooters are difficult to secure once in the vehicle. If you use a scooter, you will likely be asked to secure yourself into a vehicle seat for your safety. You are not required to do so.

If you use a walker or cane, they will need to be safely stowed in the vehicle once you are seated. The driver will help you secure your equipment if needed.

Oxygen tanks must be secured in a carrier used for mobility.

BCB makes sure they have all equipment necessary to securely transport you in accordance with the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute 659A.103.

Service Animals and Companion Animals

BCB allows all trained service animals in their vehicles. These animals are to help people with disabilities. You must let BCB know when scheduling your ride if you are bringing a service animal with you. You also must let BCB know if you are bringing a companion animal.

Privacy Policy

UHA and BCB's employees and drivers are not allowed to talk about, or share Oregon Health Plan (OHP) information, except for normal business reasons.

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A law called the Health Insurance Probability and Accountability Act (HIPAA) protects your medical records and keeps them private. We will not discuss the reason for your appointment where others can hear.

There are State and Federal laws that protect member's privacy. Health care information will not be released by UHA or our providers without your approval. Except in an emergency or when required by State and Federal regulations. However, your clinical records may be reviewed by the State or Federal government to see if we gave you the best possible care.

NEMT Policies

UHA requires that all drivers do not change the assigned pick-up time without prior, noted consent from BCB and you. BCB will give you information about your scheduled ride no later than 2 days prior to the scheduled pick-up time. This information includes:

- The name and telephone number of the driver
- The scheduled time and address of pick-up
- The name and address of the provider you are scheduled with

The driver is responsible for deciding if the scheduled ride has been made. When scheduling a ride, UHA or BCB is required to inform members of any ride arrangements. They will ask for your preferred way of contact (call, email, fax), and what time. UHA or BCB will let you know of the ride arrangements as soon as they are made. They will also tell you before the date of the ride.

BCB will make sure that they provide updated information to the drivers. They will monitor the driver's location and they will fix any pickup or delivery issues. Drivers are not permitted to drop you off for an appointment more than 15 minutes before the offices open, or 15 minutes after the offices close for the day. This may be allowed if your appointment is not expected to end within 15 minutes after closing. This also may be allowed if requested by you, your parent or guardian, or your representative.

In the event of an accident or incident, the driver will send an email notice to BCB within 24 hours. In this notice they will include the following information:

- Name of driver
- Name of passenger
- Location of the incident
- Date and time of incident
- Description of the incident including any injuries that were caused by the incident
- Where the driver or passenger required treatment if at a hospital

If needed, there will be a police report filed. This report will have an Administrative Notice. The full report will be sent to OHA. BCB and UHA will cooperate with all investigations related to any incident or accident.

If you would like to see UHA's NEMT policies, please visit our website at www.umpquahealth.com and go to the OHP Member's section.

How UHA Makes Sure You Are Safe

UHA does a Readiness Review of our NEMT providers before contracting with them. This means that we ensure that all the providers and drivers go through background checks. They are subject to the Participating Provider Credentialing Requirements laid out in Oregon Administrative Ruling (OAR) 410-141-3925. This means they have undergone verification of State Driver's license with any required endorsements, screening for exclusion from participation in federal programs, and background checks required. This is done before giving rides to our members. Once the driver and vehicle pass the requirements, they will be able to schedule and give rides to our members. All drivers must have a valid driver's license with any needed endorsements. They are also screened for exclusion from participating in federal programs. Vehicle requirements set forth in OAR 410-141-3925 include:

- The inside of the vehicle will be clean and free from any debris that would stop you from riding comfortably
- All vehicles adhere to the no smoking, aerosolizing, or vaporizing of inhalant policies
- Compliance with all relevant local, state, and federal transportation laws regarding vehicle and passenger safety standards and comfort

All vehicles shall include, without limitation, the following safety equipment:

- First aid kit
- Fire extinguisher
- Flashlight
- Tire traction devices, when appropriate
- Disposable gloves; and
- Roadside reflective or warning devices
- All equipment needed to securely transport members using wheelchairs or stretchers. For more information about these rides, see page 29

All vehicles must be in good operating condition and shall include, but is not limited to, the following equipment:

- Side and rearview mirrors
- Horn
- Heating, air conditioning and ventilation system
- Working turn signals, headlights, taillights, and windshield wipers

UHA will track pick up and drop off times and report it to the Oregon Health Authority (OHA) when asked. This is to ensure that members are not being dropped off prior to one hour before their scheduled appointment.

UHA collects information of each service given. This includes:

- Each trip
- Member ID

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- Destination
- Reason for the ride, and
- Any events of no shows on the part of the member or driver

If a driver does not pick you up for your appointment, BCB will follow up with you. They will decide whether you suffered any harm because of the failure to give the ride. BCB will see if whether rescheduling your appointment is necessary. Also, whether any other recourse or Corrective Action Plan with the driver is needed.

UHA requires back up plans that include details of BCB's plans for sudden peak transport demands. This includes instances when a vehicle is extremely late or is unable to provide the scheduled ride.

UHA sometimes provides rides for services that UHA and OHP do not cover. These are Health Related Services (formerly called flexible services). UHA may pay for times when members need rides to the grocery store, or to groups like Alcoholics Anonymous.

NEMT services are also available outside of UHA's service area if covered services are not available within our service area.

There will be rules and processes followed. This includes staff training, methods of notifications, and member education.

UHA has contingency plans and back-up plans for certain events that may affect your ride. This can be for peak transportation demands that cause your transport driver to be more than 15 minutes late or becomes unavailable.

Passengers Rights and Responsibilities

The following was set forth by OAR 410-141-3590, OAR 410-141-3585, OAR 410-141-3920, and 42 CFR 438.100

Rights

Access

- To receive safe and reliable transportation services that are appropriate for your needs.
- To have access to covered services. The same that is available to other patients.
- Get emergency and urgent care when you need it without a prior authorization. Any time of day or night, including weekends and holidays.
- To have needed and reasonable services to diagnose the current problem.
- To choose a diverse provider, if available within the network, in any settings. One that is also easy for families to access.
- To be treated by in-network providers with the same dignity and respect as other people who get care not on OHP.

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- Get information about all your covered and non-covered care options. This is to allow you to make good choices about your care.
- To get community-based care that is in as natural and serene of a place as possible. This includes oversight, care coordination, transition, and discharge planning by UHA. This is in hopes of keeping you out of the hospital.
- Get help with addiction to cigarettes, covered mental health, substance use disorder treatment, family planning, or related services without a referral.
- Get a referral to a specialist for covered services. To get a referral or a second opinion at no cost to you, with UHA's policies followed.
- To receive care places that offer equal access to males and females under the age of 18. This includes services and care available through human services and the juvenile corrections program provided by or funded by the State of Oregon (ORS 417.207).

Care

- To choose a Primary Care Provider (PCP) and be able to change your provider as allowed by UHA's policies.
- To get notice of canceled appointments in a timely manner.
- Help make decisions about your health care. This includes refusing care, except when court ordered, and understand the results of that refusal.
- To have one source of person-centered care and services that give you choices, independence, dignity, and that meet the standards of medical care and fitting to your medical needs.
- To have regular contact with a care team. They are responsible for managing your care.
- To help get health care, local and social support services, and statewide services. Your care team may include: the use of certified or qualified health care interpreters, and certified traditional health workers. These include community health workers, peer wellness specialists, peer support specialists, doulas, and personal health navigators. This is to provide cultural and language help in making decisions about your care and services.
- Actively help make a treatment plan. To have your family involved. To talk openly with your provider about treatment choices that are medically necessary for your conditions, no matter the cost or benefit coverage.
- To have a clinical record that notes conditions, services you got, and referrals made.
- To execute a statement of wishes for treatment. This includes the right to accept or refuse medical, surgical, or behavioral health treatment and the right to execute directives and powers of attorney for health care established under ORS 127.
- To execute a Declaration of Mental Health Treatment in accordance with ORS 127.703, and to file a complaint if a Declaration of Mental Health Treatment is not followed.
- To get covered preventative services.

Support

- To get services and supports that fit your cultural and language needs and provided in your community. This means in a way that respects your culture. Including the use of auxiliary aids.

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This is to help those with disabilities get access to health information as required by law (Section 1557 of the PPACA).

- To get written materials that tell you about your:
 - Rights and responsibilities
 - Benefits available
 - How to access services
 - What to do in an emergency
 - Have a friend, family, member representative, or advocate come to your appointments and other times as allowed by clinical rules.
- To have NEMT written materials explained in a way that you understand. This includes how coordinated care works and how to get services in the coordinated health care system.
- To ask for a free certified or qualified health care interpreter service when talking to Customer Care, and to have information given to you in a way that works for you. For example, you can get information in other languages, in Braille, in large print, or other formats such as electronic, audio, or video.
- To have care coordination and transition planning from UHA in a language you understand and in a way that respects your culture.
- To get information according to the law (42CFR438.10) within 30 days after your enrollment and within the timeframe Medicare requires for FBDE members. You have the right to get this information at least once a year.
- UHA will make sure staff who have contact with potential members are fully trained on plan policies. The training will include the policies on Enrollment, Disenrollment, Fraud, Waste and Abuse, Grievances and Appeals, and Advance Directives. Also including the Certified and Qualified Health Care Interpreter services available and the in-network medical practices and facilities who have bilingual providers or staff.

Nondiscrimination

- To file grievances about your NEMT experience.
- To be treated with dignity and respect.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation as noted by other federal regulations.
- To freely exercise your rights. The exercising of those rights will not change the way UHA, our network providers, or the State Medicaid agency treats you.
- Know how to make complaints and appeals and get a response without a bad reaction from the plan or provider.
- Complain about different treatment and discrimination.
- The ability to make a report if you believe your rights are being denied, your health information isn't being protected, if you feel you have been denied a service unfairly, or you feel that you have been discriminated against. You may do one or more of the following:
 - File a complaint with UHA
 - File a complaint with the Client Services Unit for the Oregon Health Plan
 - Get written notice of UHA's nondiscrimination policy and process

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- Ask for and get information on the structure and operation of UHA or any physician incentive plan
- To request an appeal or contested hearing if you feel you have been denied a service unfairly.
- To get information and help to appeal denials and ask for a hearing.
- Get a written Notice of Adverse Benefit Determination (NOABD) letter if you are denied a service or ride.
- To receive a letter when there is a change in service level unless a notice is not required by federal or state regulations.
- To know that your medical record is confidential, with exceptions determined by law. To get a notice that tells you how your health information may be used and shared. With the right to decide if you want to give permission before your health information can be used or shared for certain purposes.
- To transfer a copy of your clinical record to another provider.
- To have access to your own clinical record unless restricted by law. To get a copy, and have corrections made to your health records.
- To exercise all rights, even if the member is a child, as defined by OARs. There are times when people under age 18 may want or need to get health care services on their own. To learn more about the rights of a minor, please go here:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le9541.pdf>.
- Ask the Oregon Health Authority Ombudsperson for help if a complaint or grievance was not resolved in your favor.
 - You can call them at 877-642-0450, TTY 711. You can also fax them at 503-934-5023, or email them at OHA.OmbudsOffice@dhsoha.state.or.us.

Member Responsibilities

Getting Care

- Choose or find a Primary Care Provider (PCP) doctor or another provider you can work with. Tell them all about your health.
- Help the provider or clinic get clinical records from other providers. This may include signing a Release of Information.
- Give accurate information to your provider for your medical records.
- Help make a treatment plan with your provider and follow the agreed upon plan. Be actively engaged in your health care.
- Use information provided by UHA's providers or care teams to make informed decisions about care before it is given.
- Follow your providers and pharmacist's directions. Ask questions about conditions, treatments, and other issues related to care that you do not understand.
- Call your provider at least one day before if you can't make it to an appointment.
- Treat drivers and other passengers with respect.
- Call as early as possible to schedule, change or cancel your NEMT rides.
- Request any stops in advance. If you need to make a stop at a pharmacy or other location, BCB must approve that. Drivers are allowed to make only stops that have been pre-approved.

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- Use seat belts and other safety equipment as required by Oregon law.

Things You May Have to Pay For

- To pay for services not covered by OHP described in OAR 410-120-1200 (Excluded Services and Limitations) and 410-120-1280 (Billing).
- To pay your monthly OHP premium on time if you have one.
- You may need to help UHA find any third-party coverage you have. Pay UHA back for benefits we paid, for an injury or any recovery you may have gotten due to that injury.

What to Do Next

- Have yearly check-ups, wellness visits, and other services to prevent illness and keep you healthy.
- Be on time for appointments. Call ahead of time to cancel if you can't keep the appointment or if you think you'll be late.
- Bring your Medical ID Cards to appointments. Tell the receptionist or provider that you have UHA/OHP or any other health insurance before you receive services. Tell them if you were hurt in an accident.
- Treat providers, their staff, and UHA with the same respect you want.
- Obtain a referral to a specialist from the PCP or clinic before seeking care from a specialist (unless self-referral to the specialist is allowed).
- Proper use of urgent and emergency services. As well as notify your PCP or clinic within 72 hours of using emergency services.
- Use your PCP or clinic for all your non-emergent medical care. Only use the ER for emergencies.
- Call OHP Customer Services at 800-699-9075 if you are pregnant or no longer pregnant. Also tell them when your child is born.
- Call OHP Customer Services at 800-699-9075 or tell your Authority worker of a change in address or phone number. Also tell them if any family member moves in or out of the household.
- To bring issues, complaints, or grievances to the attention of UHA.
- Tell the Department or Authority worker if you have any other insurance coverage.

Frequently Asked Questions

How do I schedule a ride?

Call BCB Customer Service. They are available 24 hours a day, 7 days a week. You can also schedule a ride by going on their website. If you would like to know more, see pages 37-39 for details.

Who can get rides?

To get rides to health care appointments, you must be a UHA member. These services help you when you have no other way to get to your health care appointment.

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Who can set up a ride for me?

You, a relative or guardian, caregiver, or someone who works where you live. They will need to know your personal information like your name, date of birth phone number, or member ID number. They will need to call BCB Customer Service.

What if I need an ambulance?

If you have an emergency, you must call 911. BCB only provides non-emergent rides. If you need an ambulance for a non-emergent ride, call BCB and let them know your medical needs. They will schedule an appropriate transportation vehicle.

What if I can't call two (2) business days before my appointment?

If you are leaving the hospital, going to urgent care, or need to get to or from a chemotherapy or dialysis appointment, call BCB and they will set up a ride for you.

How much does it cost to get a ride?

Rides are covered by UHA free of charge. If you receive a bill from BCB, call UHA's Customer Care right away.

What if I get denied for a ride?

If a ride request is denied, you have the right to appeal the decision. Please see our Appeals and Ride Denials section in this guide for more information. If a ride is denied, it might be because you are eligible to receive mileage reimbursement.

Will a car seat/booster seat be provided for my child?

No, BCB is not responsible for making sure you have the right kind of seating for your child. It is required by law that anyone shorter than 4'9", weighs less than 40 pounds, and are under 8 years old, be in a car seat or booster. Please make sure to have these items ready and installed when your driver arrives.

Online Portal

Platform Overview

BCB's TripSpark website lets members manage their non-emergency medical transportation (NEMT) rides without calling BCB.

BCB TripSpark lets you:

- Ask for rides covered under your NEMT benefit.
- View scheduled rides.
- Cancel rides.
- Update your contact information and preferences.
- Request a return ride with an "I am ready" button.



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Accessing BCB TripSpark:

- Starting with BCB TripSpark is simple!
- Go to <https://portal.bca-ride.com/Registration>
- Register with your medical ID number and an email address
- Log in and get started!

Using the BCB TripSpark Member Portal

Registering for an Account

Only members who are eligible to receive NEMT benefits from BCB can access the BCB TripSpark member website. This keeps member data safe!

To set up your account, fill out the registration fields with the same information that you use with your health plan. We need your first and last name, medical ID number, phone number, and ZIP code. BCB checks this information with your health plan.

Your email address is also required to register for the Passenger Portal. When you register, you will receive an email with your “client ID”. This is different than your member ID with UHA. After you receive this email, you will be required to update your password. You may need to check your spam folder for this message. After you register, you will have full access to the TripSpark portal to schedule your rides.

BCB TripSpark’s portal lets you, your representative, family member or caregiver request a ride and see and update your schedule. You can also track your driver as they approach on a map.

You can get notifications about upcoming rides and update your ride in real-time. You can book or cancel a ride 24 hours a day, 7 days a week on the portal.

Accessing Technical Assistance

If you have questions about the BCB TripSpark portal, need help booking a ride, or would prefer to book your ride with a live Customer Service Representative, we are here to help! Contact BCB at 877-324-8109. You can also email them at support@bca-ride.com.

Words to Know

Appeal: When you ask your plan to review a decision the plan made about covering a health care service. If you do not agree with a decision the plan made, you can appeal it and ask to have the decision reviewed.

Attendant: Someone whose job it is to help others.

Bad Weather: Severe heat or severe cold. Flooding or tornado warnings. Heavy snow or icy roads.

CCO: Coordinated Care Organization. A local group of health care providers. They are doctors, counselors, nurses, dentists, and others who work together in your community. CCOs help make sure OHP members stay healthy.

CFR: Code of Federal Regulations. Published list of the general rules and laws.

Complaint: A statement of dislike about a plan, provider, or clinic. The law says CCOs must respond to each complaint.

Corrective Action Plan: A document telling how a specific situation will be changed. This is to better meet the goals of a company.

Denial: A PA request that is denied, stopped, or reduced.

Emergency: An illness or injury that needs care right now. A physical health example is bleeding that won't stop or a broken bone. A mental health example is feeling out of control or feeling like hurting yourself.

Emergency Medical Transportation: Using an ambulance to get to care. Emergency medical technicians (EMT) give you care during the ride or flight. This happens when you call 911.

FBDE: Full Benefit Dual Eligible. Members who are eligible for Medicare and Medicaid.

Grievance: A complaint about a plan, provider, or clinic. CCO's must respond to each complaint.

Mass Transit: Public transport. Like buses and subway trains.

Medically Necessary: Services and supplies that your doctor says you need. You need them to prevent, diagnose, or treat a condition or its symptoms. It can mean services that a provider accepts as standard treatment.

Member: Someone eligible for UHA or NEMT services.

BCB: Bay Cities Brokerage. UHA's contracted Non-Emergent Transportation (NEMT) provider.

NEMT: Non-Emergent Medical Transportation. Rides given for medical situations that are not an emergency.

No-Show: When you do not show up, or cancel, a scheduled ride.

Oregon Administration Rules (OAR): Official rules set by Oregon state laws.

Oregon Health Authority (OHA): The state agency that is in charge of OHP and other health services in Oregon.

Oregon Health Plan (OHP): Oregon's medical assistance program. It helps people with low incomes get access to care.

Participating Providers: Transport providers, or transport drivers.

Passenger: Person who travels in a vehicle who is not the driver.

Policy: A plan of action followed by a business.

Preapproval (Preauthorization, PA, or Prior Authorization): Permission for a service. This is usually a document that says your plan will pay for a service. Some plans and services require this before you get the care.

Refund: The act of paying back. The money that is paid back.

Secure Transport: NEMT services for the involuntary ride of members who are in danger of harming themselves or others.

Transportation Driver: The person who is hired to drive you to your appointments and back home.

Trip: Transport from point of pick-up to the drop off point.

Umpqua Health Alliance: A managed care plan for the Oregon Health Plan that serves Douglas County.

Urgent: Care that you need the same day. It could be for serious pain, to keep you from feeling much worse, or to avoid losing function in part of your body.

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UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health.

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