



# ***Riders Guide***

***Non Emergent Medical Transportation***

**2025**



Toll Free 1-877-324-8109  
Call Center: 541-266-4323  
Fax: 541-266-8514  
[www.bca-ride.com](http://www.bca-ride.com)  
[support@bca-ride.com](mailto:support@bca-ride.com)



289 LaClair St •  
Coos Bay, OR 97420  
Main: 541-269-7400 • 800-264-0014  
Fax: 541-269-2052 • TTY:711 or  
877-769-7400  
[www.advancedhealth.com](http://www.advancedhealth.com)

## Welcome!

Bay Cities Brokerage (BCB) gives rides to medical appointments. This Riders Guide is to help you know when and how to use this service. You can get this Riders Guide in paper form for free. Please call us at 1-877-324-8109 or 541-266-4323. We will mail a copy to you within 5 business days. You can find this on our website at <http://bca-ride.com/advanced-health/#1506388481897-5ebd40a2-9764> . On the website the OHP Members tab has a drop-down menu. You can select the "Riders Guide." This guide is under the heading "Helpful Resources for Riders." BCB can also give you the Riders Guide in another language if needed as well as alternate formatting.

Advanced Health, CCO contact information and website are as follows:

289 LaClair St • Coos Bay, OR 97420  
Voice: 541-269-7400 • 800-264-0014  
Fax: 541-266-2052 • TTY: 711 or 800-735-1232

The Advanced Health office is open from 8am to 5pm Monday through Friday.

Advanced Health offices will be closed on the following dates:

Memorial Day: Monday, May 26, 2025  
Independence Day: Monday, July 4, 2025  
Labor Day: Monday, September 1, 2025  
Thanksgiving Day: Thursday, November 27, 2025  
Day after Thanksgiving: Friday, November 28, 2025  
Christmas Day (observed): Thursday, December 25, 2025

If you need another language, large print, Braille, CD, tape or another format, call 541-266-4323 or TTY 711 or 877-324-8109. We accept relay calls. 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. 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 <https://www.oregon.gov/oha/ei/pages/hci-program.aspx>

Si necesita otro idioma, impresión grande, Braille, CD, cinta u otro formato, llame al servicio de atención al cliente al toll free 1-877-324-8109 | 541-266-4323 | TTY 711 Aceptamos llamadas de retransmision 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 <https://www.oregon.gov/oha/ei/pages/hci-program.aspx>

## Languages

### English

You can get this handbook in other languages, large print, Braille or a format you prefer.

You can also ask for an interpreter. This help is free. Call 541-266-4323 or TTY 711 or 877-324-8109. 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 541-266-4323 o TTY 711 or 877-324-8109. 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. 1-877-324-8109 | 541-266-4323 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 541-266-4323 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711 or 877-324-8109. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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.

### 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 541-266-4323 ama TTY 711 or 877-324-

8109. Waa aqbalnaa wicitaanada gudbinta.

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 541-266-4323 或 TTY 711 or 877-324-8109。我们会接听所有的转接来电。

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

您可獲得本信息函的其他語言版本、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  
541-266-4323 或聽障專線  
711 or 877-324-8109。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

이문서는 다른 언어, 큰 활자,  
점자 또는 선호하는 형식으로  
받아보실 수 있습니다.

통역사를 요청하실 수도  
있습니다. 무료 지원해  
드립니다. 541-266-4323 또는  
TTY 711 or 877-324-8109에  
전화하십시오. 저희는 중계  
전화를 받습니다.

-

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

### Ukrainian

Ви можете отримати цей  
довідник іншими мовами,  
крупним шрифтом,  
шрифтом Брайля або у  
форматі, якому ви надаєте  
перевагу. Ви також можете  
попросити надати послуги  
перекладача. Ця допомога є  
безкоштовною. Дзвоніть по  
номеру телефону 541-266-  
4323 або телетайпу 711 or  
877-324-8109. Ми  
приймаємо всі дзвінки, які  
на нас переводять.

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Ви можете отримати  
допомогу від  
сертифікованого та  
кваліфікованого медичного  
перекладача.

### Farsi

می‌توانید این نامه را به زبان‌های دیگر،  
درشت‌خط، بریل یا قالب ترجمی دیگری  
دریافت کنید. می‌توانید مترجم شفاهی نیز  
درخواست کنید. این کمک رایگان است.  
TTY یا #CustomerService# با  
تماس 711 or 877-324-8109  
بگیرید. تماس‌های رله را می‌پذیریم.

-

می‌توانید از یک مترجم شفاهی دارای  
گواهی و باکفایت در زمینه بهداشت و

**Chuukese**

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 541-269-7400 ika TTY 711 or 800-735-1232. Kich mi etiwa ekkewe keken relay.

-

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

**Swahili**

Unaweza kupata herufi hii kwa lugha zingine, kwa herufi kubwa, kwa lugha ya maandishi kwa vipofu au namna yeyote unayopendelea. Unaweza pia kuomba mkalimani. Msaada huu ni wa bure. Piga #CustomerService# au TTY 711 or 877-324-8109. Tunakubali simu za kupitisha ujumbe.

-

Unaweza pata usaidizi kutoka kwa mkalimani wa huduma ya afya aliyeidhinishwa na aliyehitimu.

**Burmese**

ဤစာကို အချားဘာသာစကားမ်း၊  
ပံ့ပိုးပွားလုံးဟုန်း၊  
မိကျမင်းအကြက ဘေးရးလှ  
သို့မဟုတ် သင့်မိခင်ကည့်  
ပုံစံပုဒ် ရယူနိုင်ပါသည်။ သင့်ည  
စကားပုဒ်စဉ်းလည်း  
တောင့်ဆိုင်နိုင်ပါသည်။  
ဤအကူအညီသည်  
အခမဲ့ပစ္စည်းပါသည်။  
#CustomerService#  
သို့မဟုတ် 711 or 877-324-  
8109 ကို ဖုန်းဆက်ပါ။  
ထည့်ဝင်ဆိုင်ခန်းကို  
ကကြီးပို့မိလှ လက်ပါသည်။

-

သင့်ည  
သင့်

သင့်နားဆင်းလက်ကွေးဝင်း

အရည်ခင်းပီသည့်

ကိန်းမာရေး စောင့်ပွဲကွေး

စကားပြုပုံစံလည်း

အကူအညီရယူနိုင်ပါသည်။

un interpret. Aceste servicii de asistență sunt gratuite. Sunați la #CustomerService# sau TTY 711 or 877-324-8109. Acceptăm apeluri adaptate persoanelor surdomute.

-  
Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat și calificat.

Amharic

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ #CustomerService# ወይም TTY 711 or 877-324-8109 ይደውሉ። የሪሌይ ጥሪዎችን እንቀበላለን።

-  
ፍቃድ ካለው እና ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ ድጋፍ ማግኘት ይቻላል።

Romanian

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita



طريقة على مطبوعة أو ،كبير بخط مطبوعة أو ،أخرى بلغات وثيقة هذا على الحصول يمكنكم المساعدة هذه إن .شفهي مترجم طلب يمكنكم كما .لديكم المفضلة الصيغة حسب أو برايل 711 or 877-324-8109 الكاتبة المبرقة أو 541-266-4323 على اتصلو .مجانية المحولة المكالمات نستقبل

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

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## Non-Discrimination Statement

Advance Health and its providers follow state and federal civil rights laws. Discrimination is against the law. We cannot treat people (members or potential members) unfairly in any of our programs or activities because of a person's:

- 1) Age
- 2) Color
- 3) Disability
- 4) National Origin, primary language, and proficiency of English Language
- 5) Race
- 6) Religion
- 7) Sex, sex characteristics, sexual orientation, gender identity and sex stereotype
- 8) Pregnancy and related conditions
- 9) Health Status or need for services

If you feel you were treated unfairly for any of the above reasons you can make a complaint or grievance to report discrimination. You can make (or file) a complaint with Advanced Health in any of these ways:

- Phone: Call our Section 1557 Coordinator at 541-269-7400 / 800-264-0014, TTY 711
- Fax: 541-269-2052
- Mail: Advanced Health  
289 LaClair Street  
Coos Bay, OR 97420
- Email: [1557Coordinator@advancedhealth.com](mailto:1557Coordinator@advancedhealth.com)
- Web: <https://advancedhealth.com/wp-content/uploads/2020/08/AH-Complaint-Form-and-Information-Packet-20200203.pdf>
- Grievance Procedure: <https://advancedhealth.com/wp-content/uploads/2024/11/Advanced-Health-Grievance-Procedure.pdf>

You can get help with filing a complaint by calling Customer Service at 541-269-7400

If you have a disability, or need language help, Advanced Health has these types of free help:

- Qualified language interpreters;
- Written information in large print, Braille, audio, or other formats;
- Other types of help.

Your access to covered services, grievance, appeals, or hearing will not be denied for limited based on the need for alternative formats and/or auxiliary aids.

For more information, call Customer Service at 541-269-7400 or 800-264-0014.

Need help filing a complaint? Need language help or reasonable modifications? Call Customer Service at 541-269-7400 to speak with a peer wellness specialist or personal health navigator. You also have a right to file a complaint with any of these organizations:

1) Oregon Health Authority (OHA) Civil Rights  
Web: <https://www.oregon.gov/OHA/EI/Pages/index.aspx> | Email: [OHA.PublicCivilRights@odhsoha.oregon.gov](mailto:OHA.PublicCivilRights@odhsoha.oregon.gov)  
Phone: (844) 882-7889, 711 TTY  
Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

3) U.S. Department of Health and Human Services Office for Civil Rights (OCR)  
Phone: (800) 368-1019, (800) 537-7697 (TDD)  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201  
Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

2) Bureau of Labor and Industries Civil Rights Division  
Web: <https://www.oregon.gov/boli/civil-rights/Pages/default.aspx>  
Phone: (971) 673-0764  
Email: [BOLI\\_help@boli.oregon.gov](mailto:BOLI_help@boli.oregon.gov)  
Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 972322

## Who Can Receive These Ride

Any active Advanced Health member can schedule rides through BCB. This benefit covers all your NEMT rides. If you have questions, please reach out to Advanced Health directly.

Prior to scheduling your ride, BCB will verify your eligibility.

These rides are available for members who need help getting to and from a covered service. This is free of charge. You can also use this service to go to the pharmacy to pick up your medicines. Full Benefit Dual Eligible (FBDE) members are also able to receive rides through BCB. We will confirm that you are able to get a ride and that the service is covered through your Medicare plan or Medicaid plan.

Advanced Health or BCB will confirm if needed directly with such members' Medicare provider. In the case of FBDE members, that such members require NEMT to travel to a Medicaid or Medicare covered appointment within Advanced Health's service area or outside the service area if the covered service or health-related service is not available within Advanced Health's service area and for which Advanced Health is responsible for cost-sharing. For members 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 (Advanced Health) is responsible only for NEMT services related to the member's dental services.

## Service Hours

BCB's call center is open Monday through Friday 8:00 am to 5:00 pm. Please call Toll Free 1-877-324-8109 | 541-266-4323 to schedule an appointment. If calling after hours, there is a 24-hour hotline available. Members also have the option to leave a message. The answering service message is available in both English and Spanish. If the member leaves a clear message with a phone number, BCB will return all phone calls within the next business day. If unable to reach the member, BCB will continue efforts until the member is reached. BCB has qualified multilingual NEMT Call Center staff or access to oral interpreters to communicate with callers. This can be accessed via telephone interpretation service free of charge to callers with Limited English Proficiency. The BCB NEMT Call Center accommodates callers who are hearing and/or speech impaired and has access to TTY.

Medical trips are covered and provided 24 hours a day, 365 days a year.

In accordance with OAR 410-141-3920, members and their representatives may schedule:

- **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 call BCB ahead of time. They will need to arrange a ride for you.

**BCB will close the call center on these Holidays as approved by OHA:**

**New Year's Day 1/01/2025**

**Memorial Day 5/27/2025**

**Labor Day 9/01/2025**

**Independence Day 7/04/2025**

**Thanksgiving 11/27/2025**

**Christmas 12/25/2025**

BCB will provide ride information to the member or their representative. If that information is not available, BCB will ask how you want to be contacted and the time to contact you. This can be done by phone, fax, or email. This information includes:

- Name and telephone number of the NEMT provider and or driver
- The member scheduled pick-up date and time
- The address and the name and address of the provider to whom the member requests a ride.
- Transport is requested to be scheduled a minimum of 24-hrs in advance and not less than two (2) days prior to the scheduled pick-up time if leaving the county.

If the ride requested is less than two (2) days prior to the scheduled pick-up time, Bay Cities 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 15 or NEMT Provider. BCB will make sure your members scheduled appointment for out of the area rides are covered. BCB may confirm your local appointments as needed. If a ride cannot be provided, the member will be called.

## 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**
- **Shared Rides**
- **Wheelchair Van**
- **Sedan**
- **Secure Transport**
- **Stretcher Car**
- **Mileage Reimbursement**

Bay Cities Brokerage will schedule your trip. When the ride is approved, we will choose a NEMT provider to transport you. BCB is a shared ride program. This means that other people who ride may be picked up or dropped off during your ride. You may also be asked to schedule multiple appointments on the same day. This helps to avoid repeated trips.

**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 ride means that members may need to be restrained during the transport. Transport is to a Medicaid enrolled facility that is recognized as being able to treat the immediate medical or behavioral health care needs of the member in crisis. One additional person may accompany the member at no additional charge when medically appropriate, such as to administer medications in-route or to satisfy legal requirements including, but not limited to, when a parent, legal guardian, or escort is required transport.

## Scheduling a Ride

To get a ride with BCB, call toll free **1-877-324-8109** or **541-266-4323**. Your rides need to be scheduled two business days ahead. If you are going out of your county for services, you must schedule two business days ahead. Rides can be scheduled up to 90 days ahead of time. Same day trips may be scheduled. You can schedule more than one trip for appointments. The pick-up time can be changed to make sure the member arrives on time.

BCB is not responsible for arranging Rides when the Member uses public rides or when the Member or another person receives a mileage reimbursement or similar for transporting the Member.

Members can call NEMT services 24 hours a day. There is a 24-hour answering service. Members also have the option to leave a message. The answering service message is available in both English and Spanish. If the member leaves a clear message with a phone number, BCB will return all phone calls within the next business day. If unable to reach the member, BCB will continue efforts until the member is reached. The BCB office hours are Monday through Friday 8:00 am to 5:00 pm. For emergencies, call 911.

When calling BCB, please make sure to have the following ready. This is so they can schedule your trip to meet your needs:

- Your name,
- Your address,
- Your OHP number,
- Your phone number,
- Doctor or office's name,
- Doctor or office's phone number,
- Date and time of your appointment,
- Return pick up time after appointment,
- Reason for the appointment (to check if it is a covered service),
- Special care for physical or behavioral health needs, current level of mobility and functional independence
- Any special mobility needs (a wheelchair, a wheelchair lift, or you will have your service animal),
- Directions to get to your home or appointment.

BCB will make sure your driver has all your directions before picking you up. They will schedule your pick up with enough time to get you to your appointment. They will make sure you arrive no less than 15 minutes early. This is to prevent you being late. The member will arrive at their drop off with enough time to check in and get ready for an appointment.

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.

If you are over the age of 18 and have a Member's 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.

### **Contingency Plan for Peak & Bad Weather Transportation**

In times of bad weather, BCB takes safety measures to make sure you can get to your appointment safely. This is called the Bad Weather Plan. This plan takes effect when there is severe heat, severe cold, flooding, tornado warnings, heavy snowfall, or icy roads. In this weather, it may be too unsafe to drive you to your appointment. BCB will make every effort to change the type of ride to match the weather. They will work with providers, medical facilities, and you to change ride plans if the weather is unsafe to travel in.

BCB keeps up with the changing weather. They do this by staying up to date with state highway patrol websites and local news. BCB will use this information and risk assessments to decide if it's safe to continue with the scheduled ride.

During bad weather, you may still get rides if you need critical medical care. This includes renal dialysis, radiation, and chemotherapy.

If the drivers are unable to take you, due to weather or unsafe roads, BCB will contact you to let you know. They will work with you to reschedule the ride for when it is safe to travel.

### **No Hazards**

- Everything is normal.

## Possible Delays

- Some remote areas in Coos and Curry County have unsafe roads. There may be some delays in these areas. (Services will happen only on the streets that had snow removal.)
- If public transport and drivers are running late.

Riders who do not have critical medical needs are either unable and or unwilling to use the scheduled ride because of bad weather.

- The riders will be allowed to reschedule their appointment for another day at no cost to them.
- BCB will make every effort to find a driver that can provide the trip requested for all urgent rides.
- Sudden peak transport demands may require BCB to use back up plans.

## Limited Services

- Some areas have unsafe roads. If rides cannot be provided due to these conditions or lack of resources, trips will be cancelled. Members will need to reschedule all rides.
- Ride is slowed (public transport and drivers continue to give rides) and for public transport, the minimum requirement for walking distance is removed.
- BCB will make every effort to provide non-emergency medical rides to life threatening medical services such as dialysis, chemotherapy, radiation, etc. during bad weather. Rides will resume as roads clear and become safe.

## Service Cancelled

- Services may be cancelled if there is a State of Emergency declared in Coos and Curry County or due to orders from the local law enforcement. BCB will not be fully staffed.
  - Dialysis patients will need to listen to the news and follow emergency plans for help. Dialysis patients should call 911 IF their condition becomes an emergency. Members with emergency needs should reschedule non-urgent trips if roads are unsafe or are closed.
  - When the weather is severe, the drivers notify BCB that they are no longer going to be providing rides for the day. If this happens:
    - Members with an emergency should call 911
    - BCB will attempt to call or text everyone that has a scheduled ride for that day. They will help them reschedule their appointment.
    - High risk trips will be given to drivers that are able to make the trip safely.
    - BCB will make every effort to find a driver able to drive in these conditions to provide urgent rides.
    - If a driver is found, they will confirm that your appointment was not cancelled or rescheduled before providing the ride. If the appointment has been cancelled or rescheduled, the trip will be cancelled. You will be asked to reschedule your ride.
    - BCB will cancel non-urgent rides.
    - In these cases, you will not be considered a no-show and you can reschedule for another day.

## When to be Ready

It's especially 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 arrives.



1. 1) Drivers must let Members know when they arrive and wait at least 15 minutes after the pick-up time. If the Member doesn't show up, the driver must tell the dispatcher before leaving.
2. Members are picked up and dropped off at times that are planned ahead. If no return time is planned, the driver must pick up the Member within 1 hour after being called.
3. Members should not have to get to their appointment more than 1 hour early.
4. Drivers cannot drop Members off more than 15 minutes before the office or building opens unless the Member, their parent, guardian, or representative asks for it.
5. Drivers cannot pick up Members more than 15 minutes after the office or building closes unless the appointment is running late or the Member, their parent, guardian, or representative asks for it.
6. Members should not have to wait more than 15 minutes after their scheduled pick-up time.
7. Drivers must drop Members off at least 15 minutes before their appointment to make sure they are on time.

### **Cancellations, Rescheduling, or No Shows**

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

If schedule changes are required, the Call Center will contact the member directly to communicate the NEMT Provider(s) can facilitate the member's transport. This will be done before the day of the trip occurs, prior to scheduled closing at 4pm. If anything in the Member's ride requires changes same day, the NEMT provider is contacted as well directly from customer service in the Call Center.

You can call to cancel or change Monday through Friday, 8:00 am to 5:00 pm.

If you are not ready for your pick-up time and you didn't call BCB to cancel your ride, it will be treated 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 especially 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 put the driver or others in the vehicle at risk of harm.
- A member engages in behavior that, in the CCO's judgement, causes local medical providers or facilities to refuse to provide further services without modifying NEMT services in order to ensure providers will provide the covered services to a Member.

## **Urgent Rides**

If you have an emergency, call 911. BCB 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 at the number at the top of the page.

## **Ride Denials**

Some rides may not be covered because BCB has not approved it. For example: You want to go to a doctor that is not in Coos or Curry County. BCB needs an approved prior approval (PA) before a ride can be approved. To find out if you have an approved PA, you can call your doctor or BCB's Customer Care at the number at the top of the page.

You may also get a ride denial if you have been put on a limited ride policy because of too many no shows.

BCB will either approve and schedule, or deny your ride request, including all legs of the trip, within 24 hours of receiving the request. This timeframe shall be reduced as necessary to ensure the member arrives in time for their appointment. If your ride is denied, you will receive a Notice of Action Benefit Denial (NOABD) letter. You will receive a written notice of any changes to your NEMT service.

Before mailing out your NOABD, BCB must provide a second review by another employee when the first reviewer denies the ride. -BCB 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, Grievances, Appeals and Fair Hearings**

Advanced Health makes sure all members have access to a grievance system (complaints, grievances, appeals and hearings). We try to make it easy for members to file a complaint, grievance, 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, grievance, appeal, and/or hearings process. We can also give you more information about how we handle complaints/grievances and appeals. Copies of our notice template are also available. If you need help or would like more

information beyond what is in the handbook contact us at: 541-269-7400 email at [customerservice@advancedhealth.com](mailto:customerservice@advancedhealth.com) .

### **You can make a complaint:**

- A **complaint** is letting us know you are not satisfied.
- A **dispute** is when you do not agree with Advanced Health or a provider, driver or call taker.
- A **grievance** is a complaint you can make if you are not happy with Advanced Health, your healthcare services, or your provider, driver or call taker. A dispute can also be a grievance.

To make it easy, OHP uses the word **complaint** for grievances and disputes, too.

You have a right to make a complaint if you are not satisfied with any part of your care. We will try to make things better. Just call Member Services at 541-269-7400 or 800-264-0014, TTY 711. You can also make a complaint with OHA or Ombuds. You can reach OHA at 1-800-273-0557 or Ombuds at 1-877-642-0450.

or

Write:

Advanced Health

289 LaClair Street, Coos Bay, OR 97420

You may also find a complaint form at <https://advancedhealth.com/members/forms/>

You can file a complaint about any matter other than a denial for service or benefits and at any time orally or in writing. If you file a complete with OHA, it will be forwarded to Advanced Health

### **Examples of reasons you may file a complaint are:**

- Problems making appointments or getting a ride
- Problems finding a provider near where you live
- Not feeling respected or understood by providers, provider staff, drivers, or Advanced Health
- Care you were not sure about, but got anyway
- Bills for services you did not agree to pay
- Disputes on Advanced Health 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.

We will investigate your complaint and let you know what can be done as quickly as your health requires. This will be done within 5 business days from the day we got your complaint.

If we need more time, we will send you a letter within 5 business days. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language. We will send you a letter within 30 days of when we got the complaint explaining how we will address it.

If you are unhappy with how we handled your complaint, you can share that with OHP Client Services Unit at 1-800-273-0557 or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email [OHA.OmbudsOffice@odhsoha.oregon.gov](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov) or leave a message at 877-642-0450.

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the [211 Info](#) website for help.

**Advanced Health, 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 ask 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. You can ask us to change a decision we made. This is called an appeal.

You can call, write a letter or fill out a form that explains why the plan should change its decision about a service.

If we deny, stop, or reduce a medical, dental or behavioral health service, we will send you a denial letter that tells you about our decision. This denial letter is also called a Notice of Adverse Benefit Determination (NOABD). We will also let your provider know about our decision.

**If you disagree with our decision, you have the right to ask us to change it.** This is called an appeal because you are appealing our decision.

# Don't agree with our decision?

## Follow these steps:

- 1** **Ask for an appeal**  
You must ask within 60 days of your denial letter's date. Call or send a form.
- 2** **Wait for our reply**  
We have 16 days to reply. Need a faster reply? Ask for a fast appeal.
- 3** **Read our decision**  
Still don't agree? You can ask the state to review. This is called a hearing.
- 4** **Ask for a hearing**  
You must ask within 120 days of the appeal decision letter date.

### Learn more about the steps to ask for an appeal or hearing:

#### Step 1

#### **Ask for an appeal.**

You must ask within 60 days of the date of the denial letter (NOABD).

Call us at 541-269-7400 (TTY 711) or use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at <https://bit.ly/request2review>.

You can mail the form or written request to **Advanced Health, 289 La Clair Street, Coos Bay OR 97420**

	<p>You can also fax the form or written request to 541-269-2052.</p> <p><b>Who can ask for an appeal?</b>          You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>
<p><b>Step 2</b></p>	<p><b>Wait for our reply.</b>          Once we get your request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can give us any more information you think would help us review the decision.</p> <p>To support your appeal, you have the right to:</p> <ul style="list-style-type: none"> <li>• Give information and testimony in person or in writing.</li> <li>• Make legal and factual arguments in person or in writing.</li> </ul> <p>You must do these things within appeal timeframes listed below.</p> <p><b>How long do you get to review my appeal?</b>          We have 16 days to review your request and reply. If we need more time, we will send you a letter. We have up to 14 more days to reply.</p> <p><b>What if I need a faster reply?</b>          You can ask for a fast appeal. This is also called an expedited appeal. Call us. or fax the request form. The form will be sent with the denial letter. You can also get it at <a href="https://bit.ly/request2review">https://bit.ly/request2review</a>. 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.</p> <p><b>How long does a fast appeal take?</b>          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.</p> <p>At your request or if we need more time, we may extend the timeframe for up to 14 days.</p> <p>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</p>

	<p>a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days.</p> <p>If you don't agree with a decision to extend the appeal time frame or if a fast appeal is denied, you have the right to file a complaint.</p>
<p><b>Step 3</b></p>	<p><b>Read our decision.</b></p> <p>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.</p>
<p><b>Step 4</b></p>	<p><b>Still don't agree? Ask for a hearing.</b></p> <p>You have the right to ask the state to review the appeal decision. This is called asking for a hearing. You must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).</p> <p><b>What if I need a faster hearing?</b></p> <p>You can ask for a fast hearing. This is also called an expedited hearing.</p> <p>Use the online hearing form at <a href="https://bit.ly/ohp-hearing-form">https://bit.ly/ohp-hearing-form</a> to ask for a normal hearing or a faster hearing.</p> <p>You can also call the state at 800-273-0557 (TTY 711) or use the request form that will be sent with the letter. Get the form at <a href="https://bit.ly/request2review">https://bit.ly/request2review</a>. You can send the form to:</p> <p>OHA Medical Hearings  500 Summer St NE E49  Salem, OR 97301  Fax: 503-945-6035</p> <p>The state will decide if you can have a fast hearing 2 working days after getting your request.</p> <p><b>Who can ask for a hearing?</b></p> <p>You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>

**What happens 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.

**Questions and answers about appeals and hearings****What if I don't get a denial letter? Can I still ask for an appeal?**

You have to get a denial letter before you can ask for an appeal.

Providers should not deny a service. They have to ask Advanced Health if you can get approval for a service.

If your provider says that you cannot have a service or that you will have to pay for a service, you can ask us for a denial letter (NOABD). Once you have the denial letter, you can ask for an appeal.

**What if Advanced Health doesn't meet the appeal timeline?**

If we take longer than 30 days to reply to your appeal, you can ask the state for a review. This is called a hearing. To ask for a hearing, call the state at 800-273-0557 (TTY 711) or use the online hearing form at <https://bit.ly/ohp-hearing-form>.

**Can someone else represent me or help me in a 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.com](http://OregonLawHelp.com)



## Can I still get the benefit or service while I'm waiting for a decision?

If you have been getting the benefit or service that was denied and we stopped providing it, you, or authorized representative, with your written permission, can ask us to continue it during the appeal and hearings process.

**You need to** ask for this within 10 days of the date of notice or by the date the decision is effective, whichever is later. You can ask by phone, letter, or fax.

- You can call us at 541-269-7400 (TTY 711).  
or
- Use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at <https://bit.ly/request2review>.
- **Answer “yes” to the question about continuing services on box 8 on page 4 on the *Request to Review a Health Care Decision* form.**

You can mail the form to **Advanced Health, 289 La Clair Street, Coos Bay OR 97420**

## Do I have to pay for the continued service?

If you choose to still get the denied benefit or service, you may have to pay for it. If we change our decision during the appeal, or if the judge agrees with you at the hearing, you will not have to pay.

If we change our decision and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

## What if I also have Medicare? Do I have more appeal rights?

If you have both Advanced Health and Medicare, you may have more appeal rights than those listed above. Call Customer Service at 541-269-7400 (TTY 711) for more information. You can also call Medicare at 800-633-4227 or TTY 877-486-2048 to find out more on your appeal rights.

## What if I want to see the records that were used to make the decision about my service(s)?

You can contact Advanced Health at 541-269-7400 (TTY 711) to ask for free copies of all paperwork used to make the decision.

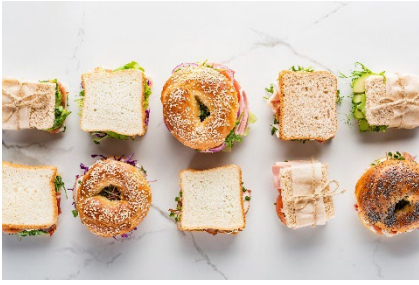
## Mileage Refunds

BCB provides mileage refunds if you can get yourself to your appointment. This includes using your own car or getting a ride from someone else. BCB requires all members to call into the call center in advance and provide the date and time of the appointment as well as the name and phone number of the provider the member is seeing for the appointment for confirming the appointment is a covered service.

1. Before you can receive mileage refunds, the request must have prior approval from BCB. This is required for verifying your appointment.
2. To receive this reimbursement, you will need to fill out the Reimbursement Verification Form. This form and the instructions can be mailed to you upon request.
  - a. You can also find it on BCB's website <http://www.bca-ride.com>.
  - b. You can find the Reimbursement Forms at BCB's website link
    - i. [Appointment-Verification-Slipmk1.pdf \(bca-ride.com\)](#)
3. The form will need to be taken with you to your appointment and get an authorized signature. Upon completion, you can either drop the form off in person or mail it to the BCB offices directly.
  - a. **Bay Cities Brokerage; 3505 Ocean Blvd SE, Coos Bay, OR 97420**

Please provide at least 48-hour notice for all out of county requests and no less than 24 hours for in county. Any requests for refunds to the emergency room will not be approved.

Once BCB receives your signed form, please allow up to 14 days for processing. All forms must be returned within 45 days of your appointment. BCB may disallow reimbursement requests that are received more than 45 days after the travel.



## Meals and Lodging Refunds

If you have an appointment that is a minimum of four hours round trip, you may be able to get a refund for meals and/or lodging reimbursement. All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member. This ensures the Member payment is tracked and directly deposited. The CCO may hold refunds until the amount reaches \$10.

**Meal Reimbursements (Refunds)** are received if the travel time is a minimum of four (4) hours round trip. Meals may be available in other cases such as:

- When you are able to transport yourself to an out of area medical appointment.
- A family member or friend can take you to an out of area medical appointment.
- You are receiving a vehicle-provided ride to an out of area medical appointment.

**Lodging Reimbursements (Refunds)** are available if the travel time begins before 5:00 am to reach your appointment, or if the travel from your appointment would end after 9:00 pm, or the Member's health care provider documents a medical need. BCB may reimburse Members for lodging under additional circumstances at the CCO's discretion.

### Meals or Lodging for One Attendant:

A CCO must refund 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:

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

### Refund Rates

The refund rates are calculated as follows:

- **Mileage Refund Rate:**

- \$0.46 a mile
- **Meal Refund Breakdown:**  
Member Meals: \$34.00 per day
  - Breakfast: \$9.00—Travel must begin before 6:00 am,
  - Lunch: \$10.00—Travel must span the entire period from 11:30 am to 1:30 pm,
  - Dinner: \$15.00—Travel ends after 6:30 pm,
  - **You do NOT need to submit receipts for your meals.**
 Attendant Meals-\$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

- **Lodging Refund Breakdown:**
  - Lodging amount: \$110.00 per night,
  - Lodging will not be refunded 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. Attendant lodging-\$110.00 per night (if staying in a separate room)

## Additional Refund Information

Advanced Health must reimburse members within fourteen (14) days after receiving the reimbursement request. Advanced Health must issue a Notice of Adverse Benefit Determination within fourteen (14) days if the member reimbursement is denied for any reason, and if member reimbursement request is incomplete, Advanced Health shall take an additional fourteen (14) days to assist the member in completing the submission.

For more information about BCB Refund Policy and rates, please contact them at the number at the top of this guide. A CCO may reimburse Members for meals or lodging for additional attendants or under additional circumstances at the CCO's discretion.

## Member Billing

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

## Member Overpayments:

CCO may recover overpayments made to a Member. Overpayments occur when a CCO's brokerage (BCB in this instance) or other ride subcontractor paid the Member:

- For mileage, meals, and lodging, and another resource also paid:
  - The Member; or
  - The ride, meal, or lodging provider 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 brokerage also paid directly;
- For common carrier or public ride tickets or passes, and the Member sold or otherwise transferred the tickets or passes to another individual.

## What to Expect from Your Driver

There is a *Level of Service* expectation from your driver when your ride arrives. This allows the driver to provide a different level that will best fit your medical needs.

When your 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. If needed, they can assist you into or out of the vehicle.

- Curb-to curb: Your driver will meet you at the curb of your pickup location.
- Door-to-door: Your driver will meet you at the door or front desk of your pickup location. The driver will escort you to the door or front desk of your drop-off location.
- Hand-to-hand: Your driver will meet you and a member of your care team at your pickup location. Your driver will bring you all the way inside at your drop-off location. Your driver will stay with you until someone from your care team takes you the rest of the way. A personal care attendant, if available can help do this service
- 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.
- The ride-drivers are not allowed to enter your room, except for hospital discharges or stretcher transports.
- The 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.
- When there is a scheduled ride and the driver arrives, they will let the passenger know either by text or a phone call to the member. 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.

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

## Safety Belt 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.

Car seats and booster seats are required by law for all children until the following:

- Until they are taller than 4'9",
- Weigh more than 40 pounds
- And are over eight years old.

The member's parent, guardian or adult caregiver is required to bring and install your own car seat or booster seat.

- 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 must be properly secured with a child safety system in a rear-facing position.
  - 3) weighs more than 40 pounds and who is four feet nine inches or shorter, with exception if the child is properly secured with a child safety system that meets the minimum standards and specifications established by the department under ORS 815.055 (Rules establishing standards for safety belts, harnesses and child safety systems) for child safety systems designed for children weighing more than 40 pounds.
  - 4) An NEMT driver may not transport a Member if a parent or guardian fails to provide a safety seat that complies with state law.

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.

## 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 is 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. 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

Children ages 12 and under are required to always have an adult attendant with them. The attendant must be one of the following:

- 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.

CCO will determine whether the Member requires assistance and whether the attendant meets the requirements for an attendant. 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. If your child is 12 and under AND members with special physical or developmental needs regardless of age, they must be accompanied by an adult attendant. 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.

## 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.

## 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.

## How BCB Makes Sure You are Safe

BCB does a Readiness Review of our NEMT providers before contracting with them. BCB will ensure that NEMT services are provided only using those vehicles that meet all the requirements set forth in OAR 410-141-3925. BCB will use providers that have met all the state requirements for local licensing and permit requirements and are operated by drivers who meet all the requirements of and have undergone all the pre-hire activities required screening, credentialing, and background checks required, under OAR 410-141-3925, which include verification of State driver's license with any required endorsements, screening for exclusion from participation in federal programs, and background checks.

All vehicles shall be kept clean and free from any debris impeding a member's ability to ride comfortably.

Vehicles will be equipped with all equipment necessary to securely transport members using wheelchairs or stretchers in accordance with the Americans with Disabilities Act of 1990 (as amended) (ADA) Section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statute 659A.103

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

- Side and rearview mirrors:
- Working horn
- Heating, air conditioning, and ventilation systems
- Working turn signals, headlights, taillights and windshield wipers
- First aid kit
- Fire extinguisher
- Flashlight
- Tire traction devices, when appropriate
- Disposable gloves
- Roadside reflective or warning devices.
- All vehicles adhere to the no smoking, aerosolizing or vaporizing of inhalant policies.

BCB 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, unless requested by the Member or, as applicable, the Member's guardian, parent or representative.

BCB collects information of each service given. This includes:

- Each trip
- Member ID
- Destination
- Reason for the ride
- Any event 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.

BCB has 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.

We sometimes provide rides for services that BCB and OHP do not cover. These are Health Related Services (flexible services). You may be able to get to rides to the grocery store, or to groups like Alcoholics Anonymous. NEMT services are also available outside of BCB'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.

BCB has contingency plans and back-up plans for certain events that may affect your ride. This can be for peak ride 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 438.10

The grievance and appeal processes and rights specified in OAR 410-141-3835 through 410-141-3915 are available with respect to NEMT services, with the following modifications:

- 1) Prior to mailing a notice of adverse benefit determination to a Member, BCB must provide a secondary review by another employee when the initial screener denies a ride.
- 2) Advanced Health ensures within 72 hours of denial, a notice of adverse benefit determination is mailed to:
  - a. A Member who was denied a ride; and
  - b. The Provider or other third-party which the affected Member was scheduled for an appointment, when the provider is part of the CCO's provider network and requested the ride on the Member's behalf.

If a Member desires to file a grievance, Bay Cities Brokerage shall direct members to comply with its Grievance and Appeal System. Grievances related to NEMT services may include, without limitation, all expressions of dissatisfaction related to driver or vehicle safety, quality of services, interactions with NEMT providers or NEMT drivers, such as rudeness, access to services, and consumer rights. A member may express dissatisfaction about a denial of a service, in full or in part, through Bay Cities Brokerage's appeal process.

### As a NEMT user, you have a right to:

1. Receive safe and reliable rideservices that are appropriate for your needs.
2. Ask for interpretation services when talking to Customer Service and request NEMT materials in a language or format that meets your needs
3. File grievances about your NEMT experience.
4. Submit an appeal, ask for a hearing, or ask for both if you feel you have been denied a service unfairly.
5. Receive a written notice when a ride is denied.

### As a NEMT passenger, your responsibilities include:

1. Treating drivers and other passengers with respect.
2. Calling us as early as possible to schedule, change or cancel your ride.
3. Using seat belts and other safety equipment as required by Oregon law.
4. Requesting additional stops in advance.
  - a. IF you need to make a stop at a pharmacy or other locations, we must approve that. Drivers are allowed to make only stops that have been pre-approved.

If the BCB Subcontracts its NEMT Service obligations to a Subcontractor, neither the Subcontractor nor BCB shall preclude members from making grievances that have been made previously or from filing or submitting the same grievance to Contractor if the grievance was not resolved to the member's satisfaction at the Subcontractor level. BCB has a process for documenting, responding to, and addressing or otherwise resolving all grievances, regardless of

whether such grievances involve services provided by BCB itself or a Subcontractor.

## Rights to Access Services

### *You have the right to...*

- To have access to covered services. The same that is available to other patients.
- Receive safe and reliable ride services that are appropriate for your needs.
- Get emergency and urgent care when you need it without a prior authorization. Any time day or night including weekends and holidays.
- To have needed and reasonable services to diagnose the current problem.
- 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 BCB. 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 BCB'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).

## Privacy Policy

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

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 BCB or our contracted 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

BCB requires that all drivers do not change the assigned pick-up time without prior, noted consent from BCB and you, the member. Information about the scheduled ride includes:

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

When scheduling a ride, BCB notifies members of the ride plan via text messaging or when such information is available, during the phone call while scheduling the NEMT service. Otherwise, BCB obtains the member's preferred method (e.g., phone call, email, and fax) and time of contact, and notifies members of the ride plans including, but not limited to the name and telephone number of the NEMT provider, as soon as the plans are in place and prior to the date of the NEMT service. BCB informs member of the scheduled pick-up date, time, address, and the name and address of the provider to whom the member seeks transport at the time ride is scheduled, no less than (2) days prior to 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. Responsibility of determining whether ride plans have been made cannot be delegated to the Member.

BCB will make sure that they provide updated information to the drivers. They will monitor the driver's location. And they will fix any pick up or delivery issues. Drivers are not permitted to drop you off for an appointment more than 15 minutes before the offices open unless requested by the member or, as applicable, the member's guardian, parent or representative. Drivers are not permitted to pick up Members from an appointment more than 15 minutes after the office or facility closes for business unless the appointment is not reasonably expected to end within 15 minutes after closing, or as requested by the Member, or as applicable, the Member's guardian, parent, or 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 in 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 will cooperate with all investigations related to any incident or accident.

If you would like to see BCB's NEMT policies, please visit our website at [www.bca-ride.com](http://www.bca-ride.com) and go to the OHP Member's section.

## 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. 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 you're:

- Rights and responsibilities
- Benefits available
- How to access services
- What to do in an emergency
- Have a friend or helper come to your appointments and other times as allowed by clinical rules.
- To have 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.

## Nondiscrimination

### You have the right to:

- To be treated with dignity and respect.
- To be free from any form of restraint or seclusion.
- To freely exercise your rights. The exercising of those rights will not change the way BCB, our network providers, or the State Medicaid agency treats you.
- Know how to make complaints 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, or you feel that you have been discriminated against. You may do one or more of the following:
  - File a complaint with BCB
  - File a complaint with the Client Services Unit for the Oregon Health Plan
  - Get written notice of BCB's nondiscrimination policy and process.
  - Ask for and get information on the structure and operation of BCB or any physician incentive plan.
- To request a hearing.
- To get information and help to appeal denials and ask for a hearing.
- Get a Notice of *Adverse Benefit Determination (NOABD)* letter if you are denied a service or there is a change in service level.
- 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 record.
- 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 Ombudsman 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@odhsoha.oregon.gov](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov)

## Unfair Treatment

Everyone 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.

To report your concerns or get more information please contact our diversity, inclusion and civil rights executive manager:

**Web:** [www.bca-ride.com](http://www.bca-ride.com)

**Phone:** Toll Free 1-877-324-8109 | 541-266-4323

**Fax:** 541-266-8514

**By Mail:** Bay Cities Brokerage

**Attention:** Bay Cities Brokerage Manager

3505 Ocean Blvd SE

Coos Bay, OR 97420

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:** [www.hhs.gov/](http://www.hhs.gov/)

**Email:** [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

**Phone:** 800-868-1019, 800-537-7697 (TDD)

**By Mail:** U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue SW

Room 509F HHH Bldg.

Washington, DC 20201

## What to Do Next

- 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 BCB/OHP or any other health insurance before you receive services. Tell them if you were hurt in an accident.
- Treat providers, their staff, and BCB 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 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 BCB.
- 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 at the number at the bottom of the page. They are available Monday-Friday 8:00am—5:00pm. If you call after hours, there is a 24-hour answering service available.

### **What if I need an ambulance ride?**

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 ride vehicle.

### **How much does it cost to get a ride?**

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

### **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.

### **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 appropriate seating for your child. It is required by law that anyone shorter than 4'9", or weighs less than 49 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.

## **WORDS TO KNOW**

**Appeal**—Asking your CCO to review a decision you do not agree with, you can appeal it and ask to have the decision reviewed.

**Attendant**— Someone whose job is to help others.

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

**Bay Cities Brokerage**—OHP's contracted Non-Emergent Transportation (NEMT) provider.

**CCO—Coordinated Care Organization.** A CCO is a local group of health care providers. They are doctors, counselors, nurses, and dentists. 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 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 symptoms.

**Member**—Someone eligible with Advanced Health Insurance for NEMT services.

**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 oversees 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.

**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.