



Riders Guide

Non Emergent Medical Transportation

2026



Toll Free 1-877-324-8109

Call Center: 541-266-4323

Fax: 541-266-8514

www.bca-ride.com

support@bca-ride.com



Coos Bay, OR 97420

Main: 541-269-7400 • 800-264-0014

Fax: 541-269-2052 • TTY:711 or

877-769-7400

www.advancedhealth.com

Welcome!

Bay Cities Brokerage (BCB) helps with transport to covered health appointments. This Rider Guide is to help you know when and how to use your NEMT benefit.

You can get a copy of this Rider's Guide in paper form, for no cost. To ask for a copy, please call Advanced Health at 1-800-877-324-8109 or 541-266-4323. Advanced Health will mail you a copy within 5 business days. An online version can be found at: <http://bca-ride.com/advanced-health/#1506388481897-5ebd40a2-9764>.

You can also find it on the Advanced Health website: <https://advancedhealth.com>. Select the Members tab. This will lead you to a page where you can select the link titled "Free Transportation." The next page will include information about the NEMT benefit. At the very bottom of this page, you can select "Bay Cities Brokerage Rider's Guide."

Advanced Health or Bay City Brokerage can offer you the Rider's Guide in the language you need or in different formats. Different formats could include large print or braille, etc. You can also ask for sign language and written translations or auxiliary aids and services. These services are free. Tell Advanced Health and your providers office if you need an interpreter. Tell them what language or format you need. You can also ask an Advanced Health for an "I Speak" card that you can use at visits.

Interpretation or translation services are available and at no cost to:

- all members
- member representatives
- family members and
- caregivers
- with hearing impairments or when English is not their primary language.

Advanced Health can email you materials.

You can ask by email at customerservice@advancedhealth.com. You can find this member handbook on our website at: www.advancedhealth.com. If you need help or have questions, call Customer Service at 541-269-7400.

If you need help, please call us at 541-269-7400 or call OHP client services at 1-800-273-0557 (TTY 711)

Advanced Health, CCO
289 LaClair St
Coos Bay, OR 97420
Phone: 541-269-7400 / 800-264-0014
TTY: 711 or 800-735-1232
Fax: 541-266-2052

The Advanced Health CCO office is open from 8:00am to 5:00pm Monday through Friday.

Advanced Health CCO offices will be closed on the following dates:

New Years Day: Thursday, January 1, 2026

Memorial Day: Monday, May 25, 2026

Independence Day: Saturday, July 4, 2026

Labor Day: Monday, September 7, 2026

Thanksgiving Day: Thursday, November 26, 2026

Day after Thanksgiving: Friday, November 27, 2026

Christmas Day (observed): Friday, December 25, 2026

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.

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.

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 предпочтаемом 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.

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。

-

您可透過經認證的合格醫療保健口譯員取得協助。

Korean

이문서은 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.

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.

Ka tongeni angei ei taropwe non pwan ew fos, taropwe mi watte,
Braille ika pwan ekkoch napanap ka mochen. Ka pwal tongeni
tingor emén chón állis. Ei aninis ese kamo. Kokkori 541-269-
7400 ika TTY 711 ika 800-735-
1232. Sia etiwa chok ekkewe relay.

Ka tongeni angei aninis seni emon chon tumunu pekin safei mei
wor an taropwen mumuta ika mei fiti sukun.

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.

Ви можете отримати допомогу від сертифікованого та
кваліфікованого медичного перекладача.

Farsi

می‌توانید این نامه را به زبان‌های دیگر درشتخط، بریل یا قالب ترجیحی دیگری دریافت می‌توانید مترجم شفاهی کنید
نیز درخواست کنید. این کمک رایگان است
TTY یا 541-266-4323 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

Khmer/Cambodian

អ្នកអាជីវទិន្នន័យក្នុងសៀវភៅនៅនេះជាការសារផ្សេងៗទៀត ជាការក្រោមជំនួយ ជាការក្រោមជំនួយពិការអ៊ូក ឬជាការក្រោមជំនួយទេរ៉ា នៅលើអ្នកចង់បាន ។
អ្នកក៏រាជស្ឋីស្ថិស្ថិអ្នកបកព្រំផងដែរ។ ជីវិ៍យនេះគឺត្រួតពិនិត្យទៅទៅ ហើយ ទូរសព្ទទៅលេខ 541-266-4323 ឬ TTY 711 or
877-324-8109 ។ យើងទូលាយកការហៅបញ្ជាផ្ទៃទំនុះអស់។

អ្នកអាជីវទិន្នន័យអ្នកបកព្រំការសារផែលមានសញ្ញាប័ត្រ ឬមានលក្ខណៈសម្រាតិត្រប័ត្រទៅ។

Dari

شما می‌توانید این راهنمای زبان‌های دیگر، با چاپ بزرگ، بریل یا فارمت دلخواه خود دریافت کنید. همچنین می‌توانید
یا 541-266-4323 درخواست مترجم کنید. این کمک رایگان است. تماس بگیرید به
TTY 711 or 877-324-8109.
ما تماس‌های رله را می‌پذیریم.

شما می‌توانید از مترجم تائیده شده یا واجد شرایط صحی کمک بگیرید.

Romanian

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

De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la 541-266-4323 sau TTY 711 or 877-324-8109. Acceptăm apeluri adaptate

persoanelor surdmute.

Puteti obtine ajutor din partea unui interpret de ingrijire medicala certificat si calificat.

Arabic

طريقة على مطبوعة أو ،كبير بخط مطبوعة أو ،أخرى بلغات وثيقة هذا على الحصول شفهي.يمكنكم المساعدة هذه إن

مترجم طلب يمكنكم كما .لديكم المفضلة الصيغة حسب أو برايل 711 or 877-324-8109. 541-266-4323 على اتصلوا مجانية .المحولة المكالمات

نستقبل

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

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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 - Advanced Health CCO's contracted Non-Emergent Transportation (NEMT) provider.

CCO-Coordinated Care Organization (CCO) - 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.

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 decision to deny, stop, or reduce services asked for.

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.

Full Benefit Dual Eligible (FBDE) - Members who are eligible for Medicare and Medicaid.

Grievance - A statement of dislike about services, plan, provider or clinic. The law says CCOs must respond to each grievance. Also known as a complaint.

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.

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

No-Show - When you do not show up for a scheduled ride or cancel a ride before your driver arrives.

Oregon Administration Rules (OAR) - Official rules set by Oregon state laws. Oregon Health Authority (OHA)

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 created and followed by a business.

Preapproval (Preauthorization, PA, or Prior Authorization) -

Permission for a service. This is usually a document that says your health plan will pay for a service. Some plans and services require this before you get the care

Reimbursement - the act of the NEMT company, BCB, providing payment to Members for mileage, meals or lodging. Reimbursement is given at a set amount and when approved by BCB.

Ride - Transport from point of pick-up to the drop off point. Often transport by driver given rides.

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. Could be transport by public transit, reimbursement or NEMT driver given rides.

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.

Non-Discrimination Statement

Advanced 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 Section1557 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
- 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

Phone: (844) 882-7889, 711 TTY

Mail: Office of Equity and Inclusion Division,

421 SW Oak St., Suite 750,

Portland, OR 97204

2) Bureau of Labor and Industries Civil Rights Division

Web: <https://www.oregon.gov/boli/civil-rights/>

Phone: (971) 673-0764

Email: BOLI_help@boli.oregon.gov

Mail: Bureau of Labor and Industries Civil Rights Division,

800 NE Oregon St., Suite 1045,

Portland, OR 97232

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

Mail: Office for Civil Right

200 Independence Ave. SW, Room 509F, HHH Bldg.,

Washington, DC 20201

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Who Can Receive Trips?

Any active Advanced Health member can schedule NEMT trips through BCB. This benefit covers all your NEMT trips. Prior to scheduling your NEMT trip, BCB will verify your eligibility. If you have questions, please reach out to Advanced Health directly.

These trips are available for members who need help getting to and from a covered OHP service. These trip services are at no cost to members. You can also use this service to go to the pharmacy to pick up your medicines.

BCB staff will confirm that you are able to get a trip and that the service is covered through your Medicaid or Medicare plan.

FBDE Members

FBDE members who require NEMT to travel to a Medicaid or Medicare covered appointment within Advanced Health's service area or outside the service area. As long as the service is a

covered OHP service or health-related service. If the service is not available within Advanced Health's service area and for which Advanced Health is responsible for cost-sharing.

COFA Dental or CCOF Veteran's Dental Enrollment

Members enrolled in the Compact of Free Association (COFA) Dental Program or the Veteran Dental Program, BCB and Advanced Health can only offer NEMT services related to the member's dental services. More information can be found in OAR chapter 410, division 200.

Service Hours

Call Center Information

BCB's call center is open Monday through Friday 8:00 am to 5:00 pm. Please call 1-877-324-8109 or 541-266-4323 to schedule a trip. If you call after hours, you will reach our 24-hour call line. Members also have the option to leave a message. The call line is in English and Spanish. Please leave a clear message with a phone number. BCB will return all phone calls within the next business day. If BCB is not able to reach the member, BCB will continue and try to contact the member.

BCB NEMT Call Center staff are able to speak other languages to help you schedule your trip. Call Center staff can also use interpreters to speak with callers. As well as for hearing or speech impaired callers. TTY can be used by calling 711.

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

Members or member representatives may schedule:

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

If you have an appointment during the weekend, a holiday, or after call center hours it may be more difficult to schedule. Please call BCB as early as possible to schedule your trip. This will help BCB arrange a trip for you. If you are having an emergency, please call 911.

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

New Year's Day	1/01/2026	Independence Day	7/04/2026
Memorial Day	5/25/2026	Thanksgiving	11/26/2026
Labor Day	9/07/2026	Christmas	12/25/2026

Types of Trips

BCB will work with you to provide you the best type of transport that fits your medical needs. The following are trip options NEMT offers:

- Bus (tickets or passes) or Mass Transit

- Mileage Reimbursement
- Shared Rides
- Sedan
- Wheelchair Van
- Stretcher Van
- Secure Transport

Bay Cities Brokerage will schedule your trip. When the trip is approved, they will tell you what type of transport is available to you. If offered a driver given rides, BCB will choose a NEMT provider to transport you. BCB is a shared ride program. This means that other members may ride with you. The members 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. BCB will work with you to provide you the best ride to fit your medical needs.

Scheduling a Trip

To get schedule a trip with BCB, call toll free 1-877-324-8109 or 541-266-4323.

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

- Your legal name.
- Your pickup address.
- Your OHP ID number.
- Your phone number.
- Doctor or office's name.
- Doctor or office's phone number.
- Date and time of your appointment.
- Return pickup time after appointment.
- Reason for the appointment (to check if it is a covered OHP service.)
- Any special directions on where you will be waiting for the driver.
- If you will be bringing a service animal.
- If you use a mobility device, like a:
 - Wheelchair
 - Walker
 - Cane
 - Crutches
 - Stretcher
- Special needs, like needing:
 - A wheelchair ramp or lift.
 - Curb to curb assistance.
 - Door to door assistance.
 - Hand to Hand assistance.

BCB will decide the best way for you to get to where you need to go. They will check to see if you have any special needs, like physical or mental health challenges, and look at how well you move and take care of yourself. Your transportation will be adjusted to fit your needs.

BCB will provide ride information to the member or their representative.

- 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.

If this information is not available, BCB will ask how you want to be contacted. BCB will also ask you the best time to contact you. Contact can be made by phone, fax, or email.

If the trip is requested less than two (2) days before the scheduled trip, BCB will give the caller:

- The name of the transportation company.
- The name of the driver.
- The phone number of the driver.

BCB will verify out of area trips are covered and approved by Advanced Health. BCB may confirm a local appointment is needed instead. If a trip cannot be offered, the member will be contacted and informed.

- If approved for driver given rides, BCB asks Members to call to schedule as soon as possible.
- If the appointment is outside of the Member's county, please call as far in advance as you can.
- Trips 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 will make sure your driver has all your directions and information before your pickup.

- 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 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.

Level of Service

Curb to Curb: The driver will pick up the Member in front of their pickup and drop off address. All trips are scheduled at a curb to curb level of service, unless otherwise requested.

Door to Door: The driver will come to the Member's door and walk them to the clinic door.

Hand to Hand: The driver will assist you from the door to the car. The driver will assist you from

the car to the clinic. The driver will assist you at this level on the return ride as well.

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 need more assistance, you may ask the office staff for help. If you have an attendant, they can also help you.

- Drivers are not allowed to enter your room, except for hospital discharges or stretcher transports.
- The drivers cannot help you move from a bed to a wheelchair. Drivers also cannot move you from a wheelchair to a vehicle.
 - If you use a wheelchair, please inform BCB when you schedule your ride of any special needs. This is to make sure that right driver is scheduled for you.

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

Wheelchair and Other Mobility Aids

If you use:

- A standard wheelchair
- Electric or power wheelchair
- Electric 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 an oversized wheelchair, you must tell BCB when scheduling your ride.

An oversized wheelchair is the following:

- Wider than 30 inches wide

long

or carrier's weight is more than 600 pounds

Electric scooters can be hard to safely store in the vehicle. If you need to sit in vehicle seat for your safety, instead of the scooter.

If you use a cane, they will need to be safely put in the vehicle once you are secured in a carrier used for mobility. The driver will assist you in the vehicle if needed.

If you need an attendant to help you get in and out of the vehicle, or if you need an attendant to travel with you, the driver can give, an attendant may travel with you. Advanced Health



will figure out if the Member needs assistance and if the attendant meets the requirements. For members with special physical or developmental needs must be accompanied by an adult attendant. If an attendant is needed, you, your guardian, or your caregiver must figure who that will be.

An attendant can be a Member's:

- Parent
- Stepparent
- Foster parent
- Grandparent
- Other Relative
- Guardian
- Or Adult over the age of 18

One attendant can travel with you at no cost. Other attendants may not be able to travel with you if there is not a medical need. BCB only provides the ride, they are not responsible for the cost of bringing an attendant along.

Children

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

- Parent
- Stepparent
- Foster parent
- Grandparent
- Other Relative
- Guardian
- Any adult 18 years or older authorized by the Member's parent or guardian

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 attendant. One adult may go with a child up to the age 18 at no cost. Most medical providers need an adult's signature for most medical services for anyone under 18 years of age.

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

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 Oregon State law for all children until the following:

- They are taller than 4 feet 9 inches,
- Weigh more than 40 pounds and
- Are over eight years old.

The member's attendant must bring, install and remove their own car seat or booster seat in the NEMT vehicle. An NEMT driver should not transport a Member if a parent or guardian does not bring a safety seat or car seat. Safety seats cannot be left in the NEMT vehicle. This is because you may not have the same driver picking you up from your appointment.

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.

Secured Transport

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 will need to be 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. For example, to administer medications in-route or to satisfy legal requirements.

Urgent and Emergency 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. If you have an emergency, call 911. BCB cannot arrange emergency ambulance rides.

When to be Ready

It's especially important to make sure you are ready for your appointment. When you schedule your ride, the call taker will give you the time to be ready when your driver arrives.

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.

How BCB Makes Sure You are Safe

BCB reviews all NEMT providers before contracting with them. BCB will make sure that NEMT vehicles meet all the safety requirements. BCB will use drivers that have met all the state requirements for local licensing and requirements. All vehicles must be driven by drivers who meet all the requirements. All drivers must pass all pre-hire activities and background checks required by BCB, Advanced Health and OHA.

All NEMT vehicles shall be kept clean and free from any materials that make it difficult for members to ride comfortably and safely.

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 safe condition and shall include, but it not limited to:

- Side and rearview mirrors.
- Working horn.
- Heating, air conditioning, and ventilation systems.
- Working turn signals.
- Working headlights.
- Working taillights.
- Working windshield wipers.
- A first aid kit.
- A fire extinguisher.
- A flashlight.
- Tire traction devices for bad weather.
- Disposable gloves.
- Roadside reflective warning devices.

All vehicles, drivers and passengers can not smoke, vape or use aerosols in NEMT vehicles. This is because of inhalant policies.

If a driver does not pick you up for your appointment, BCB will contact you. BCB will decide if you were harmed because of the driver not showing up. BCB will see if rescheduling your medical appointment is necessary. BCB will decide if a driver needs more training or other disciplinary actions. There will be rules and processes followed. This includes staff training, methods of notifications, and member education.

BCB has policies that include details for sudden high need transport times or for certain events that may affect your ride. For example, there could be issues that cause your driver to be more than (15) minutes late or become unavailable. This includes times when a driver is extremely late or is unable to provide the scheduled ride. BCB has contingency plans and back-up plans.

Advanced Health sometimes offer trips for services that OHP does not cover. These are called Health Related Services (flexible services). You may be able to get to rides to the grocery store, or to groups like Alcoholics Anonymous. Call Advanced Health to ask about more information.

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, 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

Schedule Changes

If a schedule change happens, please contact BCB. If the Member's ride needs a same day change, the NEMT driver will be informed by BCB. BCB will do their best to change to help with schedule changes. BCB will contact the Member to let them know if there is not a driver who can do the ride. You will be contacted prior to any changes in your NEMT services. Contact will happen before the day of the trip happens and prior to scheduled closing at 5:00pm. You will receive a written notice of any changes to your NEMT service. Please DO NOT call the driver. BCB will do their best to make any requested schedule changes.

No Shows

No Shows happen if:

- You are not ready to leave at your pick-up time and you didn't call BCB to let them know you needed to cancel or change your trip.
- You call BCB to cancel your ride and the driver is on their way, this is called a no show.

It is very important that you make every effort to cancel or change your ride ahead of time. Please do this with enough time before your scheduled pick up. If you don't call timely, it can result in the lack of available rides for other Members. If a member has a lot of no show trips, it can make it hard to find a driver who will accept your ride request in the future. It can also make a Member be put on a service modification.

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

- Shortening the number of rides you can schedule at a time.
- Shortening how far ahead you can schedule rides.
- Schedule you with a specific NEMT provider.
- Only allow you to use mileage reimbursement.
- Only allow you to use public transportation.
- Requiring someone to travel with you.

Service modifications can also happen when:

- The Member has health symptoms that puts the safety of the driver or others at risk.
- The Member threatens harm to the driver or others.
- The Member's behavior or actions puts the driver or others at risk.
- The CCO finds out the Member's behavior could cause harm to local providers.
- The CCO finds out that clinics will not book future appointments without changing the Member's NEMT services.

Mileage Reimbursements

If you are driving your own car or getting a ride from someone else, you can be join the mileage reimbursement program. BCB requires all members to call into the call center before their appointment.

Members when calling to schedule, should provide:

- The date of the appointment.
- The time of the appointment.
- The name of the doctor or clinic where the appointment is.
- The doctor or clinic's phone number.
- Reason for the appointment (to check if it is a covered OHP service.)

1. Before you can receive payment, the trip must be asked for from BCB before the appointment. This is required for every 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. The Reimbursement Verification form can be found on BCB's website <http://www.bca-ride.com>.
3. Bring the form with you to your appointment and have a clinic staff member sign it after your appointment. This shows BCB that you had your appointment.
4. Once the form is fully filled out you can mail it to the BCB offices directly at:
Bay Cities Brokerage
3505 Ocean Blvd SE
Coos Bay, OR 97420

You can also email this form to: support@bca-ride.com

BCB asks for Members to try and contact BCB at least 48-hours before their appointment, for all

out of county requests. Any requests for reimbursements to the emergency room will not be approved, because it is not a covered NEMT service.



Meals and Lodging Reimbursements

You may be able to get reimbursements for meals and/or lodging if needed for your appointment. All reimbursements will be paid to the member by check. If the Member has requested, a US Bank card can also be used to pay member reimbursements. The US Bank card is available at no cost to Members.

The CCO may hold payments, until the amount reaches \$10.

Meals

Meals can be reimbursed if the Member's travel time is a minimum of four (4) hours round trip and travel happens during the following times:

- Breakfast: Travel must begin before 6:00 am to arrive on time for your appointment.
- Lunch: Travel must span the entire period from 11:30 am to 1:30 pm.
- Dinner: Your appointment ends after 6:30 pm.

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.

Meal reimbursements are reimbursed up to a set rate. If your meal costs less than the rate, BCB will reimburse you at the amount you spent. You do NOT need to submit receipts for your meals.

- Breakfast: \$9.00
- Lunch: \$10.00
- Dinner: \$15.00
- Total Member Meals: \$34.00 per day

Lodging

Lodging reimbursement is available if:

- The travel time would start before 5:00 am to reach your appointment on time.
- The travel from your appointment would end after 9:00 pm.
- The Member's health care provider documents a medical need.
- BCB may reimburse Members for lodging under additional reasons at the CCO's choice.

Lodging reimbursements are reimbursed up to a set rate. If your lodging costs less than the rate, BCB will reimburse you at the amount you spent. 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. You DO need to submit receipts for your lodging.

Lodging amount: \$110.00 per night.

Meals or Lodging for One Attendant:

A CCO must refund for meals or lodging for one attendant. An attendant might be a parent or guardian or a person who needs to support the member medically. If any of the following apply the attendant's meals or lodging may also be reimbursed.:

- (a) The Member is a minor child and unable to travel without an attendant.
- (b) The Member's attending doctor gives a signed note stating the reason an attendant must travel with.
- (c) The Member is mentally or physically unable to go to their medical appointment without help.
- (d) The Member is or would be unable to go home without help after the appointment.

If medically required for the attendant to stay in a different room than the member for lodging an additional \$110.00 per day may be reimbursed for lodging.

Additional Reimbursement Information

Advanced Health will reimburse members within fourteen (14) calendar days after BCB has received a copy of the Reimbursement Verification Form.

Advanced Health must issue a Notice of Adverse Benefit Determination (NOABD) within fourteen (14) calendar days if payment is denied.

If the Reimbursement Verification Form request is incomplete, Advanced Health can work with the member to get the form complete within an additional fourteen (14) calendar days.

For more information about BCB's Reimbursement Policy and rates, please contact 1-877-324-8109 or 541-266-4323.

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. If someone other than you or the minor members parent or guardian provides the ride, Bay Cities Brokerage may reimburse who provided the ride.

Overpayments

A CCO may ask a Member to pay back Overpayments made to a Member. Overpayments can happen when BCB has already reimbursed the Member. Or another agency or person paid the Member for mileage, meals, or lodging.

Overpayment also happens when:

- The Member did not go to the appointment but was paid.
- The Member used the money for things other than for travel to their appointment.
- The Member shared the ride with another Member who was paid already.
- If a Member sells or gives their public transit tickets or passes to someone else.

Member Billing

BCB members do not have to pay for transport even if BCB or the driver is denied payment for the ride. If you are billed, please contact BCB's Customer Care at 541-269-7400 or 800-264-0014. NEMT services should be for all members at no cost. BCB does not have any cost-sharing for NEMT services.

Member Rights and Responsibilities

As a NEMT user, you have a right to:

- Have safe and reliable NEMT trips that meet your needs.
- Ask for an interpreter when talking to Customer Service.
- Ask for NEMT documents in a language or format that meets your needs
- File grievances about your NEMT experience.
- Submit an appeal.
- Ask for a hearing.
- Be sent a written notice when a ride is denied.

As a NEMT passenger, you are responsible to:

- Treat all drivers and others with respect.
- Call us as early as possible to schedule, change or cancel your trip.
- Use seat belts and other safety equipment as required by Oregon law.
- Request additional stops in advance.
 - If you need to make a stop at a pharmacy or another appointment, BCB must approve it before you get into the vehicle. Drivers are not allowed to make stops that have been approved by BCB.

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 grievances and get a response without a bad reaction from Advanced Health, BCB staff or drivers.
- Complain about different treatment and discrimination.
- Make a report if you believe your rights are being denied.
- Make a report if your health information isn't being protected.
- Make a report if you feel that you have been discriminated against.

You may do one or more of the following:

- File a grievance with BCB.
- File a grievance with the Client Services for Advanced Health.
- File a grievance with the Oregon Health Authority.

Complaints, Grievances, Appeals and Fair Hearings

Advanced Health makes sure all Members have can make a grievance, appeals or request for a hearing. We try to make it easy for Members to file a grievance, or appeal. As well as 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 grievance, appeal, or hearings process. We can also give you more information about how Advanced Health process them as well. Copies of denials are also available. If you need help please contact us at: 541-269-7400 email at customerservice@advancedhealth.com.

Advanced Health makes sure all Members have can make a grievance, appeals or request for a hearing. We try to make it easy for Members to file a grievance, or appeal. As well as 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 grievance, appeal, or hearings process. We can also give you more information about how Advanced Health process them as well. Copies of denials are also available. If you need help please contact us at: 541-269-7400 email at customerservice@advancedhealth.com.

Making a complaint

A grievance is a complaint is letting us know you are unhappy with your NEMT service. You have a right to make a grievance. We will try to help you come to a solution that makes you happy.

Call Member Services at 541-269-7400 or 800-264-0014, TTY 711.

You can also make a grievance by
Mail:

Advanced Health
289 LaClair Street
Coos Bay, OR 97420

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

You can file a grievance either verbally or in writing. If you file a complete with OHA, it will be forwarded to Advanced Health.

Examples of reasons you may file a grievance are:

- Problems making appointments on time.
- Drivers not showing up to pick you up before or after your appointment.
- Problems getting a trip.
- Problems finding a driver near to where you live.
- Not feeling understood by BCB staff or drivers.
- Bills for services you did not agree to pay.
- Driver or vehicle safety.

A representative or your provider may file a grievance for you, if you have given your written permission.

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

If BCB or Advanced Health need more time you will get 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 best for you. All letters will be written in the language you need. We will send you a letter within 30 days of when we got the grievance explaining how we will support you.

If you are unhappy with how we supported your grievance, call OHP Client Services Unit at 1-800-273-0557.

You can also reach out to the OHA Ombuds Program.

The Ombuds support OHP members and they will do their best to help you. Please contact them at:

Email: OHA.OmbudsOffice@odhsoha.oregon.gov or

Phone: 877-642-0450.

Another support can be 211 Info. Call 2-1-1 or go to the 211 Info website for help.

Advanced Health, its contractors, subcontractors, and providers cannot:

- Stop a member from making a grievance or appeal.
- Take action against a medical provider who asks for a quicker result or helps with a member's appeal.
- Request the withdrawal of a grievance, appeal, or hearing already filed.
- Use the resolution of a grievance, appeal, or hearing as a reason to react against a member.
- Use the resolution of a grievance, appeal, or hearing as a reason to react against a member.
- Request a member to be disenrolled because of a grievance, appeal or hearing.

If we deny, stop, or reduce your NEMT services, BCB or Advanced Health will send you a denial letter that tells you about the denial. This denial letter is also called a Notice of Adverse Benefit Determination (NOABD). We will also let your medical provider know about our decision.

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. An appeal should explain why Advanced Health or BCB should change its decision about a denial.

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.

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.

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.

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	<p>Ask for an appeal.</p> <p>You must ask within 60 days of the date of the denial letter (NOABD).</p> <p>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.</p> <p>You can mail the form or written request to Advanced Health, 289 La Clair Street, Coos Bay OR 97420</p>
	<p>You can also fax the form or written request to 541-269-2052.</p> <p>Who can ask for an appeal?</p> <p>You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>
Step 2	<p>Wait for our reply.</p> <p>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"> • Give information and testimony in person or in writing. • Make legal and factual arguments in person or in writing. <p>You must do these things within appeal timeframes listed below.</p> <p>How long do you get to review my appeal?</p> <p>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>What if I need a faster reply?</p> <p>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 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.</p>

	<p>How long does a fast appeal take?</p> <p>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 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>
Step 3	<p>Read our decision.</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>
Step 4	<p>Still don't agree? Ask for a hearing.</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>What if I need a faster hearing?</p> <p>You can ask for a fast hearing. This is also called an expedited hearing.</p> <p>Use the online hearing form at https://bit.ly/ohp-hearing-form 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 https://bit.ly/request2review. You can send the form to:</p> <p>OHA Medical Hearings 500 Summer St NE E49</p>

	<p>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>Who can ask for a hearing?</p> <p>You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>
	<p>What happens at a hearing?</p> <p>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.</p>

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

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.

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.

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.

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.dhsowa.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@odhsowa.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

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

Email: 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

Frequently Asked Questions

How do I schedule a ride?

Call BCB Customer Service at the number at the bottom of the page. BCB is 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 trips. If you need an ambulance for a non-emergent ride, call BCB and let them know your medical needs. They will schedule the right type of vehicle.

How much does it cost to get a trip?

NEMT trips are covered by BCB at no cost to members. If you receive a bill from BCB, call BCB's Member Services right away.

Who can set up a trip for me?

- You
- A relative
- A guardian
- A caregiver
- or someone you trust.

They will need to know your personal information like your name, date of birth, phone number, and member ID number.

What if I get denied for a trip?

If a trip request is denied, you have the right to appeal the outcome. Please see our Appeals and Ride Denials section in this guide for more information.

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

No, BCB is not responsible for offering a safety seating for your child. Oregon law says that anyone shorter than 4'9", weighs less than 49 pounds, or are under 8 years old will need a car seat or booster seat. Please make sure to have these items ready and install them when your driver arrives.