

# You have a choice to make

## About your CareOregon enrollment

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On July 1, 2010, your children's primary care pediatrician will no longer serve CareOregon members. Your children's primary care pediatrician now serves Oregon Health Plan (OHP) members who are enrolled in FamilyCare.

Your family's health care benefits will not change; however, you have a choice to make about who you receive your OHP medical and mental health benefits from. OHP will continue to cover dental services through your current plan and providers.

You have two options: 1) You may do nothing and stay with CareOregon, or 2) you may choose to move to FamilyCare so that you can keep your children's current primary care pediatrician.

### Stay with CareOregon:

You will need to choose a new primary care provider for your children; but all of your other medical, mental health and vision care providers will stay the same.

**If you want to stay with CareOregon, you don't need to do anything.** CareOregon will send you information about choosing a primary care provider for your children. You may also call CareOregon Customer Service for help (see other side of this letter).

### Move to FamilyCare:

You will be able to keep your children's primary care pediatrician. Your family will receive both medical and mental health benefits through FamilyCare.


- However, you may have to change your current mental health provider and other medical care providers. Ask your other providers if they accept FamilyCare.
- If anyone in your family has Medicare, they may need to change their Medicare Advantage Plan to FamilyCare's plan.





### If you want to change to FamilyCare:

- Complete and return the information below in the enclosed pre-paid envelope; or
- Call OHP Client Services at 1-800-273-0557 (TTY 711).

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## Please complete and return the form on the other side of this letter. Questions?

-  **Call OHP Client Services** at 1-800-273-0557 if you have questions about changing medical plans.
-  **Call CareOregon Customer Service** at 1-800-224-4840 with questions about changing your CareOregon provider. Select Option 4 for a Customer Service Representative who can help you select a new primary care provider for your children.
-  **Call FamilyCare** at 1-800-458-9518 with questions about available providers.

-  **Call your local Senior and Disabled Services Office** for help changing Medicare Advantage Plans.
-  **Call your worker** if you need this letter in another format, such as (but not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats.
-  **Foster parents: Call your local DHS office** if you have questions about changing medical plans.
-  **For TTY service:** Call 711.

## CareOregon Disenrollment Request

Children's Health Alliance transition for Tri-County households in FamilyCare service area

**To: Kris Kersine, Client Services Unit**  
503-945-6898 (fax); 800-273-0557 (phone)

**Mail to:** DMAP Client Services, ATTN: CHA Requests ♦ 500 Summer St NE E44 ♦ Salem OR 97301

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To disenroll from CareOregon and change your plans to FamilyCare, complete and return this form to DHS. Once DHS processes your request, you will receive an updated coverage letter; until then, you will receive medical services through CareOregon. FamilyCare will send you information about itself and a list of providers.

### Household information

Patient Names	Client IDs (as listed on DHS Medical Care ID)
Patient Representative (e.g., parent or guardian)	
Mailing Address	
City, State, ZIP	

### Disenrollment request - To be completed by patient representative only

**I would like to change my family's medical and mental health plans to FamilyCare.** I understand that by making this change, I may have to change other providers for me and other family members. My dental care plan/providers will not change.

**Do you have an appointment with your child's current doctor after June 30?** This information will help DHS make sure the change occurs before the appointment.

Yes, my appointment is scheduled for: \_\_\_\_\_

No, I don't have an appointment. \_\_\_\_\_ *(Date of appointment)*

Representative Signature \_\_\_\_\_

Date \_\_\_\_\_