

This information is only for OHP Standard benefit package clients

Look at Field 9b of your OMAP Medical Care ID. Any member of your household who has a "B" in Field 9b (benefit package) is on the OHP Standard benefit package.

The Department of Human Services (DHS) has made three major changes to the OHP Standard benefit package since June.

The changes are:

- ① Copayments no longer required for OHP Standard clients – *effective June 19, 2004*
- ② OHP Standard benefit package closed to new enrollment – *effective July 1, 2004*
- ③ Covered OHP Standard benefit package services change – *effective August 1, 2004*

This flyer is to remind you of these changes and tell you about Dental Plan enrollment.

① Copayments

OHP Standard clients are not required to make copayments for services provided after June 18, 2004.

② OHP Standard Benefit Package Closed to New Enrollment

DHS stopped enrolling new clients into the OHP Standard benefit package on July 1, 2004. At this time, there is no change for clients who are currently on OHP Standard. If you are disenrolled from the OHP, you will **not** be able to enroll as an OHP Standard client until enrollment is open again.

To keep your OHP enrollment, be sure to:

- Pay your premiums on time every month, and
- Reapply on time. If you return your completed application on time, and are eligible, your coverage will continue at this time.

③ Covered OHP Standard Benefit Package Services Change

On August 1, 2004, DHS dropped some services and added others to the OHP Standard benefit package.

Services Dropped

Effective August 1, 2004, the following services are dropped/no longer covered for OHP Standard clients:

- Hospital services that are not for urgent or emergency care
- Acupuncture, except for treatment of chemical dependency
- Chiropractic and osteopathic manipulation
- Home health care
- Nutritional supplements taken by mouth
- Occupational therapy
- Physical therapy
- Private duty nursing
- Speech therapy

What Is Covered?

Effective August 1, 2004, the following services **are** covered for OHP Standard clients:

- Physician services
- Prescription drugs
- Emergency/urgent hospital services
- Lab and X-ray services
- Outpatient mental health – *new 8/1/04*
- Outpatient chemical dependency – *new 8/1/04*
- Emergency transportation – ambulance
- Hospice care

- Some medical equipment and supplies – *new 8/1/04*. Limited to:
 - ◆ Diabetic supplies (including blood glucose monitors)
 - ◆ Respiratory equipment (CPAP, BiPAP, etc.)
 - ◆ Oxygen equipment (things like concentrators and humidifiers)
 - ◆ Ventilators
 - ◆ Suction pumps
 - ◆ Tracheostomy supplies
 - ◆ Urology and ostomy supplies
- **Emergency dental services** (see the Dental Plan Enrollment at right) – *new 8/1/04*

Prior Authorizations Canceled

Some services need special approval (prior authorization). Services which are dropped will **not** be covered, even if they have been prior authorized.

Hearings are Limited

When the change in covered services is directed by the legislature, that specific process has no rights for a Hearing. However, if you are currently under a physician's care for one of the services that will no longer be a covered benefit, you have a right to request an Administrative Hearing.

To request a hearing, fill out form DHS 443, "Administrative Hearing Request." You can get one from any DHS or Area Agency on Aging (AAA) office or by calling your worker.

If you are in a managed care plan and you are currently under a physician's care for one of the services that will no longer be covered, you have the right to ask for an Appeal from the plan listed on your OMAP Medical Care ID.

If you ask for a hearing, you may have another person speak on your behalf or have an attorney represent you.

The state cannot pay the costs for an attorney or witnesses. A Legal Aid Office or the local Bar Association may be able to help you.

No Changes for OHP Plus

The changes shown in this flyer do not affect clients on the OHP Plus benefit package. To be on the OHP Plus benefit package, you must be:

- Pregnant, or
- Under age 19, or
- Receiving Temporary Assistance to Needy Families (TANF), or
- Receiving SSI, or
- Age 65 or older, blind, or disabled and receiving income at or below the SSI Standard, or
- Age 65 or older, blind, or disabled and receiving Department paid long-term care services.

Contact your worker if you believe you should be on the OHP Plus benefit package.

******* New Information *******

Dental Plan Enrollment

In August OMAP will enroll some OHP Standard benefit package clients into a Dental Plan. OMAP contracts with Dental Plans to manage and provide emergency dental care. If you are enrolled into a Dental Plan:

- Your Dental Plan will be shown in field 8a of your August OMAP Medical Care ID.
- Your Dental Plan will send you information.
- You may be able to change Dental Plans in the first 30 days of enrollment. Call your worker about your options.

Native Americans

If you are a Native American, you may choose to be enrolled in a Dental Plan or receive dental services from any provider who will take your OMAP Medical Care ID. *Contact your worker if you do not want to be enrolled in a Dental Plan.*

Questions?

- ☎ If you have any questions about this information, call the OMAP Client Advisory Services Unit at 1-800-273-0557, or TTY 1-800-375-2863.
- ☎ If you need this information in a larger print size or different format, call your worker.