

Important Information

OHP Standard Benefit Package is Changing

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.

On August 1, 2004, the Department of Human Services (DHS) will remove some benefits and add other benefits to the OHP Standard benefit package. These changes are a result of legislative decisions.

We have informed your health care providers of the changes in coverage.

Services dropped

We will **drop** the following services from the OHP Standard benefit package on August 1, 2004:

- 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

Prior Authorizations will be canceled

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

What *will* be covered?

On August 1, the OHP Standard benefit package will cover:

- **Emergency** dental services (we will not cover things like teeth cleaning, orthodontia, fillings or other routine services) - *new on 8/1/04*
- Some medical equipment and supplies - *new on 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
- Outpatient chemical dependency - *new on 8/1/04*
- Outpatient mental health - *new on 8/1/04*
- Emergency transportation - Ambulance
- Emergency/urgent hospital services
- Hospice care
- Lab and X-ray services
- Physician services
- Prescription drugs

Hearings are limited

No hearing will be given if you are asking for one because of the changes to your health care coverage.

To request a hearing for some other reason, fill out form AFS 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 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

Clients on the OHP Plus benefit package have a higher level of benefits. 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.

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.

