

**DMAP Worker Guide VI**  
**Other Medical Resources**

## **A. Senior Prescription Drug Assistance Program**

ORS 414.342, passed by the 2001 Legislature, created the Senior Prescription Drug Assistance Program. It is a non-Medicaid program funded with state dollars. The purpose is to give seniors access to more affordable prescription drugs.

This program has two main provisions:

- The first is that DHS would set a discounted rate, not to exceed the Medicaid rate, at which pharmacies can charge eligible seniors for prescription drugs. DHS issues the senior an enrollment card to take to participating pharmacies. The senior pays DHS a \$50 yearly enrollment fee. DHS does not subsidize the purchase of the prescription drug.
- The second provision is that DHS, subject to funds available, may adjust the price to subsidize up to 50% of the Medicaid price of the drug, using a sliding scale based on the income of the senior. The maximum assistance is \$2000 per year. The statute funds this provision of the program with cigarette tax revenue if that revenue dedicated to the Oregon Health Plan exceeds \$175 million per biennium. The program could also be funded by an appropriation.

Because the second provision of the program (subsidizing the purchase of the drugs) is not funded, DHS has only implemented the first portion of the statute (the discount portion). The discount program was rolled out in phases beginning in 2002.

All applications go to the Statewide Processing Center (Branch 5503) to determine eligibility. Seniors can either mail it to that branch or you can route it there.

### **1. Eligibility requirements for enrollees**

Applicants must:

- ◆ Be 65 years of age or older;
- ◆ Have an income that does not exceed 185% of the federal poverty level;
- ◆ Have less than \$2000 in resources not counting home or car;
- ◆ Not have been covered by any public or private drug benefit program for the previous 6 months.

After Branch 5503 decides the applicant is eligible, a contractor will send the senior a bill for \$50. DHS will issue the enrollment card after we receive the entire fee. Applicants are not enrolled in the program until they pay the fee, and are issued the card. In addition to the Medicaid price of the drug, pharmacies may charge a dispensing fee. The fee is the same as for Medicaid clients.

The program also allows an additional fee of \$2 if the pharmacy is a critical access pharmacy, and this fee is adjusted every April for inflation. DHS assigns pharmacies this designation if the pharmacies are in locations where access to the program would otherwise be limited or unavailable.

For additional information regarding the Senior Drug Assistance Program, contact DMAP at 1-800-527-5772 or 503-945-5772 and ask for the Senior Drug Assistance Program Manager.

## **B. Family Health Insurance Assistance Program (FHIAP)**

FHIAP was created by the 1997 Oregon Legislature to help low-income Oregonians afford private health insurance. The program subsidizes or pays for a significant portion of a member's health insurance premium — 95% of the premium for members earning less than 125% of the federal poverty level (FPL) or \$2,084 a month for a family of four (based on 2006 Federal Poverty Guidelines), a 90% subsidy for those earning up to 150% FPL, a 70% subsidy for those earning up to 170% FPL, and a 50% subsidy for those earning up to 185% FPL.

FHIAP is a subsidy program, not an insurance plan. FHIAP will subsidize the medical and prescription drug portion of the premium, as well as vision or dental premiums if the coverage (or benefit) is offered by the same medical insurance company. FHIAP members must pay deductibles, co-pays or any other coinsurance associated with their health insurance plan.

### **1. Eligibility Criteria and Enrollment**

To be eligible for FHIAP, the applicant must meet the following criteria\*:

- Reside in Oregon
- Be a U.S. citizen or a qualified non-citizen
- Have investments and savings of less than \$10,000
- Have a three month average income of less than 185% of the FPL
- Be uninsured for the previous six months, except for those leaving OHP/Medicaid
- Must not be eligible for or receiving Medicare

*\* Enrollment in both OHP and FHIAP at the same time is not allowed. This does not apply to TANF clients receiving cash assistance only (no medical coverage).*

FHIAP members who have health insurance available to them through an employer are required to enroll in that coverage if the employer pays for any part of the premium. Members who have insurance through an employer (also called group insurance or ESI – employer-sponsored insurance) typically have their portion of the premium withheld from their paycheck. FHIAP reimburses them the subsidy portion after receiving proof that the premium was withheld (usually a copy of the pay stub). All other members, including those self-employed, can purchase a policy in the individual health insurance market from one of FHIAP's certified insurance companies. Eligibility for FHIAP enrollees is redetermined every 12 months.

FHIAP has immediate openings for those applicants who have health insurance available through their employer. Those without access to ESI must call FHIAP to be placed on a reservation list. The waiting period varies but is currently about six months.

People who don't qualify for OHP Standard benefit package coverage because of ESI may be eligible for FHIAP. These applications should be sent to FHIAP for eligibility determination. For more information about FHIAP, call 1-888-564-9669, or TTY 1-800-433-6313.

## 2. FHIAP Expansion, Federal Funding and Program Information

The 2001 Oregon Legislature passed House Bill 2519. Part of this Bill directed the state to create a waiver requesting federal matching funds for the FHIAP program and to expand the program. The expansion was implemented on November 1, 2002.

In 2006, the Insurance Pool Governing Board became the Office of Private Health Partnerships (OPHP), which administers the FHIAP program. Applicants should be directed to call FHIAP at 1-888-564-9669 or TTY 1-800-433-6313, Monday through Friday, 9 a.m. to 5 p.m. Additional FHIAP information can be found on the OPHP Web site at <http://www.ophp.oregon.gov/>.

## C. Early and Periodic Screening Diagnosis and Treatment (EPSDT) for Children and Teens

The Early and Periodic Screening Diagnosis and Treatment (EPSDT) program, formerly called Mediceck, offers “well-child” medical exams with referral for medically and dentally necessary comprehensive diagnosis and treatment for all children (birth through age 20) covered by the OHP Plus Benefit Package.

As part of the application and reapplication process, workers should:

- Inform applicants about the EPSDT Program. Repeat this information at each redetermination of medical eligibility.
- If the child or teen is covered by other insurance, inform him or her that EPSDT may cover more services (e.g., well child exams, immunizations, dental services).
- Follow the branch procedure to help the client find a doctor or to obtain transportation.
- For CAF, help the applicant check the appropriate box under “You have a right to:” in the **Rights and Responsibilities** form and the EPSDT section of the **AFS 415A** application.
- For SPD, document in the case record that EPSDT information was given to the client.