

# Provider Alert

## Initial mailing of coverage letters begins

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DMAP began mailing coverage letters to all clients on March 12, 2009. This mailing will take approximately three weeks to complete.

We will **not** be sending coverage letters again until the daily coverage letter process is implemented. This means that clients whose eligibility began or changed after March 9 will not receive a new coverage letter until the daily process is implemented. We will post a provider announcement when we begin mailing these letters. Make sure you e-subscribe to the Provider Announcements page to be notified of this as soon as possible.

We will continue to mail Medical IDs to new clients. We will not send a coverage letter to these clients until the daily process is implemented.

We have included a sample of the coverage letter on the next few pages. The coverage letter lists the clients' benefit plans, copay requirements and managed care plan and private insurance coverage. However, the coverage letter is not a guarantee of eligibility; you need to continue to verify clients' eligibility through either:

- The Provider Web Portal – <https://www.or-medicaid.gov>; or
- The Automated Voice Response (AVR) – 866-692-3864.

### Reminder

Since the implementation of the new MMIS, the number of phone calls received by the Provider Services Unit's has increased significantly. A large percentage of these calls have been inappropriate requests for eligibility verification. To save yourself

and others time, verify eligibility through either the Web Portal or AVR before calling Provider Services. If, after using the Web Portal or AVR, you find discrepancies or have questions about the client's eligibility, call Provider Services.

Verifying a client's eligibility through the Web Portal or the AVR can be done in just a few minutes. Often the wait time to speak to a Provider Services Representative will be much longer.

For more information about how to verify client eligibility, see the helpful materials at: [www.oregon.gov/DHS/healthplan/mmis.shtml](http://www.oregon.gov/DHS/healthplan/mmis.shtml)

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### Transitional payments

If you do not receive an expected payment through the regular financial cycle, you may qualify for a Transitional Payment. Go to [www.oregon.gov/DHS/healthplan/mmis.shtml#transitional](http://www.oregon.gov/DHS/healthplan/mmis.shtml#transitional) for more information.

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### Stay informed

E-subscribe to the Provider Announcements page at [www.oregon.gov/DHS/healthplan/notices\\_providers/main.shtml](http://www.oregon.gov/DHS/healthplan/notices_providers/main.shtml) to ensure you receive important updates. To e-subscribe, click on the envelope icon at the top part of the page, just below "Provider Announcements."

# Coverage letter sample – Page 1

5503 XX#### XX P2 EN AT  
PO BOX ####  
SALEM, OR 97309  
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE  
123 MAIN ST

HOMETOWN OR 97000

## Keep this letter!

**This letter explains your Oregon Health Plan (OHP) benefits.**

**This letter is just for your information. You do not need to take it to your health care appointments.**

**We will only send you a new letter if you have a change in your coverage, or if you request one.**

Welcome to the Oregon Health Plan (OHP). **This is your new coverage letter.**

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID card changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet lists the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

### **Reason for letter:**

This letter shows what your coverage was on 03/09/09



# Coverage letter sample – Page 3

## Managed Care/TPR enrollment

Plan Information	Plan Information	Plan Information
<b>A</b> Fully Capitated Health Plans - MEDICAL HEALTH PLAN NAME 1-800-555-5555	<b>B</b> Dental Care Organizations - DC DENTAL PLAN NAME 1-866-555-5555	<b>C</b> Mental Health Organization - MH MENTAL HEALTH PLAN NAME 1-888-555-5555
<b>D</b> MAJOR MEDICAL MATERNITY PRIVATE INSURANCE NAME 1-800-555-1234 123456789012	<b>E</b> DCM-FFS Disease Mgmt DCM Care Enhance 1-800-711-6687 DCM-PGM	<b>F</b> PRESCRIPTION DRUGS - COST AVOI PRIVATE PRESCRIPTION COVG 1-800-555-1234 123456789012
<b>G</b> Medicare Part A MEDICARE NW - PART A	<b>H</b> Medicare Part B MEDICARE-B/BC N DAKOTA	<b>I</b> Medicare Part-D MEDICARE PART D
<b>J</b>	<b>K</b>	<b>L</b>
<b>M</b>	<b>N</b>	<b>O</b>
<b>P</b>	<b>Q</b>	<b>R</b>
<b>S</b>	<b>T</b>	<b>U</b>
<b>V</b>	<b>W</b>	<b>X</b>