

The information below replaces language on pages 4 and 5

Old language

\$2 for generic and \$3 for brand name prescription drugs (for each filled prescription).

New (replacement) language

DMAP has reduced the copayment on many prescription drugs. Some drugs will no longer require a copayment. The new copayment for prescriptions drugs will be \$0 - \$3 for drugs not paid for by your Medical Plan. Your pharmacy knows the correct copayment and will charge you the reduced copayment amount.

The information below replaces the Oregon Quit Line numbers on page 12

New phone numbers for the Oregon Quit Line

- ▶ English: 800-QUIT NOW (800-784-8669)
- ▶ Spanish: 877-2 NO FUME (877-266-3863)
- ▶ TTY: 877-777-6534

The information below replaces an entry on the
Medical Transportation Brokerage list on page 18

Old language

Lane County Transit (Lane Count) Pending

New (replacement) language

RideSource (Lane County) 541-682-5566 TTY 800-735-2900

The information below replaces Hearing Rights language on page 36-37

New (replacement) language for these two pages

Managed care plan clients

Clients enrolled in a managed care plan that have been denied a service may appeal the decision through their plan and/or request an administrative hearing through DMAP. Clients should follow the instructions on the Notice of Action (initial decision notice) to initiate the

appeal process through their plan and/or request an administrative hearing through DMAP within 45 days from the date of the decision notice.

If the client chooses to file an appeal, the managed care plan will complete the appeal process and send the client a Notice of Appeal Resolution stating the plan's decision. If the client is not satisfied with the outcome, they may then elect to follow the instructions on the Notice of Appeal Resolution to request an administrative hearing with DMAP within 45 days from the date of the decision notice.

Fee-for-service clients

OHP clients who are fee-for-service (also known as "open card"), may request an administrative hearing through DMAP at the time they receive the decision notice. Clients have 45 days from the date of the decision notice to request an administrative hearing.

Medicare

If you are enrolled in managed care and also have Medicare benefits, you may have more appeal rights. Contact your plan's member services unit

Expedited hearings

If you have an urgent medical problem that cannot wait for a regular hearing, you can ask for an "Expedited Fair Hearing." The DMAP Medical Director will review your medical records and decide if your medical problem cannot wait for the regular hearing process.

Submitting the DHS 443 to DMAP Hearings Unit

Managed care plan clients

Please ensure that the client has fully completed the DHS 443. Ask the client for a copy of the Notice of Action or the Notice of Appeal Resolution (decision notices) from the managed care plan to include with the DHS 443. If they do not have a copy, please forward the DHS 443 to DMAP.

Fee-for-service clients

Please ensure that the client has fully completed the DHS 443. Ask the client for a copy of the decision notice to include with the DHS 443. If they do not have a copy, please forward the DHS 443 to DMAP.

Please forward the DHS 443 to DMAP immediately, as the hearing process timelines have been shortened.

Forward all DMAP hearing requests, with attachments, to:

Division of Medical Assistance Programs
Hearings Unit
500 Summer St. NE, E-49
Salem, OR 97301-1079