



DMAP Worker Guide IV

Benefit packages

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Benefit packages

*General Rules 410-120-1160 through
410-120-1230; OHP Rule 410-141-0480*

Oregon Health Plan (OHP) clients receive coverage for health care services based on their benefit package(s). Coverage is different for each package. Clients are assigned to benefit packages based on their program eligibility.

The "Benefit Plan" field on the MMIS Recipient Information panel displays the client's most current benefit package. The packages that indicate DHS medical eligibility are:

- ◆ BMH – OHP Plus
- ◆ BMD – OHP with Limited Drug
- ◆ BMM – QMB + OHP with Limited Drug
- ◆ BMP - OHP Supplemental
- ◆ KIT – OHP Standard
- ◆ MED – Qualified Medicare Beneficiary (QMB)
- ◆ CWM – Citizen/Alien-Waived Emergency Medical (CAWEM)
- ◆ CWX – CAWEM Prenatal

Who receives OHP benefits

Clients who receive medical benefits through the Department of Human Services (DHS) are assigned to these benefit packages.

Children who receive Healthy KidsConnect subsidy payments through the Office of Private Health Partnerships **do not qualify** for OHP benefits. Therefore, they are not in MMIS and do not receive OHP benefits.

What's covered

OHP Rule 410-141-0480

The Oregon Health Services Commission (HSC) developed a list of medical conditions and treatments, organized in order of effectiveness. Currently, covered services are lines 1-502 on the Prioritized List of Health Services.

This list is updated in October and April each year, and in January every two years. The Benefit Plan and HSC Prioritized List Inquiry panel in the MMIS Reference Subsystem (go to Reference-->HSC) provides HSC coverage information for specific dates of service.

To determine DMAP coverage of a specific health care service, there are two questions to consider:

- ◆ Does the client's benefit package cover the service? Pages 3-8 of this guide provide an overview of the services covered by each benefit package; they do not list all covered services or limitations. Refer to the OARs cited above for more specific information.
- ◆ Does the Prioritized List rank the service (treatment) "above the line" (lines 1-502) for the client's reported medical condition?

OHP Plus

BMH

OHP Plus covers most medical, dental, mental health and chemical dependency services.

Preventive services	<ul style="list-style-type: none"> ◆ Maternity and newborn care ◆ Well-child exams and immunizations ◆ Routine physical exams and immunizations ◆ Maternity case management, including nutritional counseling
Diagnostic services	<ul style="list-style-type: none"> ◆ Medical examinations to tell what is wrong, even if the treatment for the condition is not covered ◆ Laboratory, X-ray and other appropriate testing
Family planning services and supplies	Including birth control pills, condoms, contraceptive implants, and Depo-Provera; sterilizations
Medical and surgical care	<p>Medically appropriate treatments for conditions expected to get better with treatment. Includes, but is not limited to:</p> <ul style="list-style-type: none"> ◆ Appendicitis ◆ Infections ◆ Ear Infections ◆ Broken bones ◆ Pneumonia ◆ Eye diseases ◆ Cancer ◆ Stomach ulcers ◆ Diabetes ◆ Asthma ◆ Kidney stones ◆ Epilepsy ◆ Burns ◆ Rheumatic fever ◆ Head injuries ◆ Heart disease
Medically appropriate ancillary services	<p>When provided as part of treatment for covered medical conditions.</p> <ul style="list-style-type: none"> ◆ Hospital care, including emergency care ◆ Home health services ◆ Private duty nursing ◆ Physical and occupational therapy evaluations and treatment ◆ Speech and language therapy evaluations and treatment ◆ Medical equipment and supplies ◆ Prescription drugs and some over-the-counter drugs ◆ Limited vision services for medical/emergent reasons ◆ Hearing services including exams, evaluations, treatment, materials and fitting for hearing aids ◆ Transportation to health care for clients who have no other transportation available to them, including ambulance and other methods of transport

Other services	<ul style="list-style-type: none"> ◆ Dental services, including cleanings, fillings, and extractions ◆ Outpatient chemical dependency services ◆ Comfort care – this includes hospice care and other comfort care measures for the terminally ill, and death with dignity services ◆ Mental health services
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For children under age 21, OHP Plus **also covers** the following benefits:

Services to improve vision	<ul style="list-style-type: none"> ◆ Exams to prescribe glasses or contacts ◆ Fittings for glasses or contacts ◆ Glasses or contacts 										
Other dental services	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">◆ Crowns</td> <td style="border: none;">◆ Apically positioned flap</td> </tr> <tr> <td style="border: none;">◆ Root canals</td> <td style="border: none;">◆ Osseous surgery</td> </tr> <tr> <td style="border: none;">◆ Apexification/recalcification procedures</td> <td style="border: none;">◆ Surgical revision procedure</td> </tr> <tr> <td style="border: none;">◆ Gingival flap procedures</td> <td style="border: none;">◆ Alveoplasty</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">◆ Office visit for observation</td> </tr> </table>	◆ Crowns	◆ Apically positioned flap	◆ Root canals	◆ Osseous surgery	◆ Apexification/recalcification procedures	◆ Surgical revision procedure	◆ Gingival flap procedures	◆ Alveoplasty		◆ Office visit for observation
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◆ Gingival flap procedures	◆ Alveoplasty										
	◆ Office visit for observation										

OHP with Limited Drug

BMD

OHP with Limited Drug covers the same medical, dental and mental health services as OHP Plus. However, OHP with Limited Drug does not cover drugs already covered by Medicare Part D.

QMB + OHP with Limited Drug

BMM

This benefit package covers the same services as OHP with Limited Drug. It also provides the benefits described in the QMB benefit package section.

OHP Plus - Supplemental

BMP

This benefit package covers certain dental and vision services only for pregnant adults who receive OHP Plus benefits through the BMH, BMD and BMM packages.

Services to improve vision	<ul style="list-style-type: none"> ◆ Exams to prescribe glasses or contacts ◆ Fittings for glasses or contacts ◆ Glasses or contacts 										
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	◆ Office visit for observation										

OHP Standard

KIT

This benefit package is similar to private insurance with premiums and benefit limitations.

Emergency services	<ul style="list-style-type: none"> ◆ Ambulance ◆ Limited emergency dental services (<i>e.g.</i>, acute infection or abscess, severe tooth pain, tooth re-implantation and extraction of symptomatic teeth)
Durable medical equipment and supplies	<p>Limited to:</p> <ul style="list-style-type: none"> ◆ Respiratory equipment (<i>e.g.</i>, CPAP, BiPAP) ◆ Oxygen equipment (<i>e.g.</i>, concentrators and humidifiers) ◆ Ventilators ◆ Suction pumps ◆ Tracheostomy supplies ◆ Urology and ostomy supplies ◆ Diabetic supplies (including blood glucose monitors)
Limited hospital benefit	<p>Includes:</p> <ul style="list-style-type: none"> ◆ Evaluation, lab, x-ray and other procedures to determine diagnosis ◆ Hospital treatment for urgent/emergent services ◆ Inpatient and outpatient hospital treatment for diagnoses listed in the Limited Hospital Benefit code list.
Other services	<ul style="list-style-type: none"> ◆ Outpatient mental health ◆ Outpatient chemical dependency services ◆ Physician services ◆ Hospice services ◆ Prescription drugs ◆ Laboratory and x-ray services

The following services are **not covered** by OHP Standard:

- ◆ Acupuncture, except for treatment of chemical dependency
- ◆ Chiropractic and osteopathic manipulation
- ◆ Nutritional supplements taken by mouth
- ◆ Hospital services that are not for urgent or emergency care
- ◆ Therapy services (occupational, physical, and speech therapy)
- ◆ Private duty nursing and home health care
- ◆ Dental routine services (*e.g.*, teeth cleaning, orthodontia, fillings)
- ◆ Hearing aids and exams for hearing aids
- ◆ Non-ambulance medical transportation
- ◆ Vision exams, materials, correction and therapy

QMB

MED

The QMB benefit package pays for Medicare premiums, copayments and deductibles for services covered by Medicare. This does not include any cost sharing for Medicare Part D coverage or prescriptions.

Providers are not allowed to bill clients with QMB-only coverage for deductible and co-insurance amounts for services covered by Medicare (except for Medicare Part D prescriptions). However, providers may bill these clients for services that are not covered by Medicare, and for Medicare Part D prescriptions.

Clients with **only** the QMB benefit package cannot be enrolled in managed care plans.

CAWEM - Citizen/Alien-Waived Emergency Medical

CWM

These clients are only eligible for treatment of emergency medical conditions. Labor and delivery services for pregnant women are considered an emergency. Clients on the CAWEM benefit package do not pay premiums or copayments and cannot be enrolled in managed care plans.

Services that are ongoing, require prior authorization, payment authorization or that can be scheduled in advance are **not covered** for clients on the CAWEM benefit plan.

The following list is not all-inclusive but can be used as an illustration to identify services that are **NOT** covered for clients on the CAWEM benefit plan:

- ◆ Administrative medical examinations and reports
- ◆ Chemotherapy
- ◆ Dental services provided outside an emergency room/hospital setting
- ◆ Dialysis
- ◆ Family planning and sterilization
- ◆ Home health services
- ◆ Hospice
- ◆ Medical equipment and supplies
- ◆ Non-emergency medical transportation
- ◆ Outpatient drugs or over-the-counter products
- ◆ Pre-natal and postpartum care
- ◆ Private duty nursing
- ◆ Preventative care
- ◆ Transplants or transplant related services
- ◆ Therapy services
- ◆ Rehabilitation services

CAWEM Plus

CWX

For as long as she is pregnant, a CAWEM woman living in Deschutes, Multnomah, Benton, Clackamas, Hood River, or Jackson county may receive most of the covered services an OHP Plus client receive, and all OHP Plus - Supplemental benefits, through the CAWEM Plus benefit package.

The CAWEM Plus benefit **does not cover** the following OHP Plus benefits:

- ◆ Abortions;
- ◆ Death with dignity;
- ◆ Hospice care; or
- ◆ Sterilization.

When she is no longer pregnant, she retains CAWEM Plus eligibility for two months before redetermination, but DMAP will reimburse only for the following services:

- ◆ Hospital claims related to the delivery of the child through discharge;
- ◆ Post-partum services only if provided in a bundled rate; and
- ◆ Emergency services.

CAWEM Plus clients are eligible for services anywhere in the state and are not enrolled in managed care.

What's not covered

OHP Rule 410-141-0500

Services for conditions that the Health Services Commission ranks of lower priority are generally not covered. The HSC's report contains a complete listing of conditions/treatments that are not covered. There may be other limitations depending on the client's benefit package(s).

Non-covered conditions

Treatments for the following conditions are **not covered**, unless there is another complicating diagnosis:

Conditions which tend to get better on their own	Examples include: <ul style="list-style-type: none">◆ Measles◆ Infectious mononucleosis◆ Mumps◆ Viral sore throat◆ Dizziness◆ Viral hepatitis◆ Benign cyst in the eye◆ Minor bump on the head◆ Non-vaginal warts
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<p>Conditions where a “home” treatment is effective</p>	<p>Home treatments include applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:</p> <ul style="list-style-type: none"> ◆ Canker sores ◆ Corns/calluses ◆ Sunburn ◆ Diaper rash ◆ Food poisoning ◆ Sprains
<p>Cosmetic conditions</p>	<p>Examples include:</p> <ul style="list-style-type: none"> ◆ Benign skin tumors ◆ Cosmetic surgery ◆ Removal of scars
<p>Conditions where treatment is not generally effective</p>	<p>Exanples include:</p> <ul style="list-style-type: none"> ◆ Some back surgery ◆ TMJ surgery ◆ Some transplants

Non-covered services

Other non-covered services regardless of condition include, but are not limited to:

- ◆ Circumcision (routine)
- ◆ Weight loss programs
- ◆ Infertility services

Cost-sharing requirements

OAR 410-120-1230

This page does not list all requirements or exceptions.

OHP Plus requirements

BMM, BMH and BMD

Copayments	<ul style="list-style-type: none"> ◆ \$0 for preferred generic prescription drugs, preferred brand-name drugs, and non-preferred generics costing less than \$10 ◆ \$1 for non-preferred generic prescription drugs costing more than \$10 ◆ \$3 for all other non-preferred brand-name drugs ◆ \$3 for outpatient office visits (such as office visits to see a doctor, dentist or other health care provider).
	<p>Copayments are not required for these services:</p> <ul style="list-style-type: none"> ◆ Family planning services and supplies ◆ Emergency services, as defined in OAR 410-120-0000 ◆ Prescription drugs ordered through DMAP's home delivery (mail order) vendor ◆ Services covered by the client's managed care plan
	<p>Copayments are not required for these clients:</p> <ul style="list-style-type: none"> ◆ Clients in managed care plans (for services covered by the plan) ◆ Pregnant women ◆ Children under age 19 ◆ American Indians/Alaska Natives ◆ Clients who are eligible for benefits through Indian Health Services ◆ Clients who are receiving services under the Home and Community Based waiver and Developmental Disability waiver ◆ Clients who are in a hospital as an inpatient, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR)
Premiums	None

OHP Standard requirements

KIT

Copayments	None
Premiums	<ul style="list-style-type: none"> ◆ Premiums are charged per member/per month ◆ Clients must pay all required premiums before their coverage can be renewed for another enrollment period
	<p>The following clients are not required to pay premiums:</p> <ul style="list-style-type: none"> ◆ American Indians/Alaska Natives ◆ Clients with income of 10 percent or less of the Federal Poverty Level ◆ Clients who are eligible for benefits through Indian Health Services

DHS medical assistance program codes

*The BMP benefit only applies to pregnant adults receiving BMH, BMM or BMD benefits.

Code	Program Title	Case Descriptor	Benefit package							
			BMH	BMM	BMD	BMP	KIT	CWM	CWX	QMB
1, A 1	Aid to the Aged	Various; see SPD Staff Tools	X	X	X					
2, 82	Temporary Assistance for Needy Families (TANF)	MAA, MAF	X							
V2	Refugee Assistance		X			*				
3, B3	Aid to the Blind	Various; see SPD Staff Tools	X	X	X	*				
4, D4	Aid to the Disabled	Various; see SPD Staff Tools	X	X	X	*				
19, 62	DHS Foster Care		X							
C5	Substitute/Adoptive Care	SAC, SCP, SFC	X							
GA (CSD)	Non-title XIX Foster Care		X							
5	OSIPM-PRS	Various; see SPD Staff Tools	X		X	*				
P2	Qualified Medicare Beneficiary (QMB)	QMB								X
P2, M5, 2, 82	OHP Medical	OPC, OP6, OPP	X			*				
	OHP Medical	OPU					X			
	Breast and Cervical Cancer Program	BCP	X			*				
	Children's Health Insurance Program (CHIP)	CHP	X							
	Extended Medical Program	EXT	X			*				
Any Program	CAWEM	CWM						X		
	CAWEM Plus	CWX							X	
	QMB + Any Program	QMM		X						

Benefit package overview

Clients also receive a copy of this chart with their client coverage letter (see WG III).

Oregon Health Plan benefit plan coverage

DHS will pay for services that show a "✓." Limited services are covered at a reduced level. See the OHP Client Handbook for benefit details. For a copy of the handbook, call 1-800-359-9517.

Covered services	OHP Plus; OHP with Limited Drug*		OHP Standard	CAWEM	CAWEM Plus	QMB
	Children; adults with OHP Plus - Supplemental	Other adults				
Acupuncture	✓	✓	Limited		✓	
Chemical dependency	✓	✓	✓		✓	
Dental	Basic services including cleaning, fillings and extractions	✓	✓		✓	
	Urgent/immediate treatment	✓	✓		✓	
	Other services	✓	Limited			
Hearing aids and hearing aid exams	✓	✓			✓	
Home health; private duty nursing	✓	✓			✓	
Hospice care	✓	✓	✓		✓	
Hospital care	Emergency treatment	✓	✓	✓	✓	
	Inpatient/outpatient care	✓	✓	Limited	✓	
Immunizations	✓	✓	✓		✓	
Labor and delivery	✓	✓	✓	✓	✓	
Laboratory and X-ray	✓	✓	✓		✓	
Medical care from a physician, nurse practitioner or physician assistant	✓	✓	✓		✓	
Medical equipment and supplies	✓	✓	Limited		✓	
Medical transportation	✓	✓	Emergent only		✓	
Medicare premiums, copayments (except for drugs) and deductibles						✓
Mental health	✓	✓	✓		✓	
Physical, occupational and speech therapy	✓	✓			✓	
Prescription drugs	✓	✓	✓		✓	
Vision services	For medical and emergent treatment	✓	✓		✓	
	For glasses or contact lenses	✓	Limited		✓	

* Drug coverage for this benefit package is limited to drugs that are not covered by Medicare Part D.

OHP offers more services and places more limitations than are listed here. This chart is meant to be a guide, not OHP policy.

