



DMAP Worker Guide XIV

Premiums, Copayments and Special Requirements

- OHP Standard premium overview...2
- OHP Plus copayments...4
- Home-delivery pharmacy...6
- Pharmacy Management Program (Lock-in)...6

OHP Standard premiums overview

Some clients must pay premiums for their OHP benefits. This section will tell you who must pay, how they pay, when they pay, what happens if they don't pay, and whom to call if you (the caseworker) or the clients have questions about premium payments.

Who pays premiums?

OHP Standard clients, who are eligible under the OHP-OPU program, are required to pay premiums unless they are exempt. The following OHP-OPU clients (also referred to as OHP Standard clients) are exempt from paying premiums:

- Clients eligible for benefits through Indian Health Services with the HNA case descriptor
- Clients with CAWEM
- Clients with income at or below 10 percent of the federal poverty level (FPL)

Premium rate schedule

Premium rates are based on the number of people in the household who must apply together for OHP, the number of people who are required to pay premiums and their total countable income. For the actual premium amounts, refer to CAF Rule OAR 461-155-0235.

Premium billings

The Oregon Health Plan Premium Billing Office sends the billings and collects the OHP premiums. The current contractor is Chaves Consulting, Inc, but workers should always refer to it as the "OHP Premium Billing Office."

DMAP sends premium billing data to the billing office monthly. Daily adjustments made by a worker to a client's premium history are sent to the billing office daily and updated in the client's account record as soon as received, usually the next day.

Premium billings are sent to OHP-OPU clients during the first week of each month.

Premium payments

Payments are due by the 20th of the current month. Anyone may pay premiums on behalf of a client (OAR 410-120-1390). Clients have several options for paying premiums:

- **Payment by mail** -- Clients should not send cash payments by mail. They should only mail checks, money orders or cashier's checks that include the client's name and DHS Medical Care ID number. Clients who pay their premiums by mail should use the return envelope that comes with their bill. If they do not have the return envelope they can send the payment to the OHP Premium Billing Office at:
P.O. Box 1120, Baker City, OR 97814-1120
- **Payment by phone** — Clients may make their premium payment by phone using a debit or credit card. Call 1-888-647-2729 (1-888-OHP 2 PAY).

- **Payment in person** — Billing office staff will accept cash only if presented in person. Clients may pay in person at:

OHP Premium Billing Office

1705 Main Street, Suite 300

Baker City, Oregon

Tell clients who come to a branch office wanting to pay their premiums to either mail their payment to the OHP Premium Billing Office or call to make payment by phone. Their premium bill includes a return envelope. Tell clients to include payment coupons with the payment.

Nonpayment of premiums

Clients do not lose OHP coverage during their six-month enrollment period for non-payment of required premiums. However, clients must pay all billed premiums before they can qualify for the subsequent six months of OHP coverage. If a client has a premium arrearage that they need to pay in order to continue coverage, you may want to suggest payment by phone in order to expedite the recertification process.

If a client's income has dropped to 10 percent or less FPL at recertification, you may waive their past-due premium obligation. If clients with income higher than 10 percent FPL fail to pay their billed premiums at the deadline imposed at recertification, they will not be eligible for OHP-OPU. When the OHP Standard program is closed to new enrollees, these clients risk losing coverage altogether by failing to pay their premium debts. Only OHP-OPU clients are affected by not paying their premium debt.

Clients with the HNA case descriptor (eligible for benefits through an Indian Health Services) and CAWEM clients are exempt from paying premiums. Clients who earn 10 percent or less of the FPL are also exempt. Refer to the CAF Family Services Manual for specifics (OAR 461-135-1100, 461-135-1120, and 461-135-1130).

If the department is notified that a member of the filing group has filed for bankruptcy and the arrearage is a debt that has been stayed in a bankruptcy proceeding, DHS can adjust the arrearage. The decision whether or not arrearage is adjusted or waived, or only part of the arrearage, depends upon the bankruptcy chapter as well as the period of time the bankruptcy covers. Contact a CAF Medical Program Analyst for further information.

The department will not attempt collection on any arrearage that is more than three years old. The OHP Billing Office automatically makes this system adjustment.

Premium questions

A client who has questions about whether he or she must pay premiums (*i.e.*, eligibility), should call his or her worker. The worker's name and branch telephone number appear on the DHS Medical Care ID.

For billing questions (whether a payment was received, balance due, etc.), contact the OHP Premium Billing Office between 7 a.m. and 6 p.m.

- Toll-free, 888-647-2729 (888-OHP-2PAY)
- Baker City local number, 541-523-3602
- TTY, 866-203-8931
- Fax, 541-523-2145
- Web site, www.OHPBilling.com
- E-mail, support@OHPBilling.com

OHP Plus and OHP with Limited Drug copayments

OAR 410-120-1230

DHS charges some OHP clients a copayment for prescription drugs and/or outpatient services, depending on their eligibility level and benefit package. Copayment information is shown on page two of the client's OHP Coverage Letter.

Providers cannot deny services to a client solely because of an inability to pay an applicable copayment. This does not relieve the client of the responsibility to pay, nor does it prevent the provider from attempting to collect any applicable copayments from the client.

Exemptions

The following clients also do not have to pay a copayment:

- Pregnant women
- Children under age 19
- Clients with OHP Supplemental
- Clients eligible for benefits through Indian Health Services with the HNA case descriptor
- Any client receiving services under the Home and Community Based waiver and Developmental Disability waiver, or is an inpatient in a hospital, nursing facility (NF), or intermediate care facility for the mentally retarded (ICF/MR)

Copayment amounts

Some clients must pay \$3 for outpatient services (such as office visits to see a doctor, dentist or other health care provider). The copayment is only for the visit to the provider. There is no additional copayment for services rendered by the provider, such as immunizations, lab tests, or x-rays.

Services requiring a copayment

The following are services for which providers can charge a copayment:

- Office visits, per visit for physician/specialist, nurse practitioner, physician assistant or alternative care providers (i.e., chiropractors, naturopaths, acupuncturists)
- Dental services (except for dental diagnostic and preventive routine checkups)

- Mental health and/or chemical dependency (outpatient service)
- Preventive care, per visit for physician/specialist
- Hospital, per visit for outpatient treatments (including surgery) and non-Emergency Room visits (waived if admitted to inpatient care)
- Physical, occupational, or speech therapy services
- Home health services
- Private duty nursing visit and shift
- Enteral/Parenteral IV

Services exempt from copayment

Clients do not have to pay a copayment for the following services:

- Administrative exams and reports
- Dental diagnostic and preventive routine checkups
- DME supplies
- Emergency services
- Family planning services
- Hospice services
- Routine immunizations
- Total blood cholesterol screenings (men age 35-65, women age 45-64)
- X-ray and lab services (i.e., mammograms, pap smears, fecal occult blood tests, diagnostic sigmoidoscopy [over age 50])

Prescription copayments

OHP Plus clients do not have to pay a copayment for the following prescriptions:

- Drugs for family planning services, such as birth control pills
- Drugs obtained through the Home-Delivery Pharmacy Program (mail order)
- Most generic medicines
- Any drugs listed on the physical health Preferred Drug List, including most generics

For drugs that require a copayment, clients will pay zero, \$1 or \$3. Amounts are listed in [OAR 410-120-1230](#). Clients may request generics to get a reduced copayment, but they are not required to use generics. Similarly, clients can still get non-preferred brand-name drugs their doctors prescribe, but clients will pay the maximum copayment.

Physical health drugs not on the PDL also require PA. The prescriber requests the PA from the Oregon Pharmacy Call Center.

Home-Delivery Pharmacy Program (mail order)

Clients who have ongoing prescription needs and a stable medication regimen may receive their prescriptions through the OHP Home-Delivery Pharmacy Program. Clients do not have to make copayments on drugs ordered through this program. Clients can use this program even if they are restricted to one walk-in pharmacy through the Pharmacy Management Program (i.e., they can use both). Mental health clients may use the home-delivery services only for drugs their mental health plan does not cover.

Home-Delivery Pharmacy Program is currently contracted through Wellpartner.

Prescription order forms are available from the DMAP Web site at

www.oregon.gov/DHS/healthplan/clients/mailrx.shtml.

Mail first-time prescriptions and completed order forms to:

Wellpartner, Inc.

P.O. Box 5909

Portland, OR 97228-5909

Clients may enroll themselves by calling Wellpartner at 1-877-935-5797. Health care providers can fax the prescription to 1-866-624-5797. (This fax number should only be used by the doctor or health care provider.)

Pharmacy Management Program (Lock-in)

Overview

The purpose of the Pharmacy Management Program is to maximize patient safety and minimize risk of medication misuse. Some clients will be restricted to one walk-in pharmacy of their choice to receive prescription drugs.

Although clients will be enrolled in a single walk-in pharmacy or chain, they can use the Home-Delivery (Mail Order) Pharmacy Program and a speciality pharmacy, in addition to the walk-in store.

Assignment

Clients using three or more pharmacies, using multiple prescribers to obtain the same or comparable prescriptions, having patterns of prescription misuse, or having altered a prescription are candidates for the Pharmacy Management Program. Those clients will be mailed a notice explaining the program and designating the name and address of one pharmacy (based upon the pharmacy the client used most often and most recently), and a notice of hearing rights. The client has 45 days to appeal, or to change their pharmacy. Clients remain in the program beginning the first day of the month, following their notice date, for a period of 18 months.

Exemptions from the Pharmacy Management Program

Enrollment into the Pharmacy Management Program will be mandatory unless the client:

- Enrolled in a Prepaid Health Plan;
- Has a major medical insurance policy;
- Enrolled in Medicare drug coverage plan and no other third party pharmacy benefits;
- Is a child in DHS care and custody; or
- Is an inpatient in a hospital, long-term residential care facility, or other medical institution.

Changing an Assigned Pharmacy

Initially, the client has 45 days to change their pharmacy assignment. Thereafter, the client may change their pharmacy up to once every three months. Circumstances such as moving, reapplying for OHP benefits, pharmacy denies service to client, or goes out of business are reasons to change their pharmacy.

Branch workers may e-mail or mail the client's pharmacy choice to Client Enrollment Services (CES). Alternatively, branch workers may contact the Client Services Unit (CSU) at 1-800-273-0557 or e-mail ces.dmap@state.or.us. Please write *Pharmacy Lock-in* in the Subject line. CES mailing address is:

DMAP Client Enrollment Services
500 Summer St. NE, E44
Salem, OR 97301-1079

Pharmacists may contact the Oregon Pharmacy Call Center if a recipient needs to change to another pharmacy temporarily or permanently. Reasons for a one-time exception include:

- Selected pharmacy is closed at time of need of medication
- Selected pharmacy does not have the prescribed medication in stock
- Client is 50 miles or more away from selected pharmacy at the time the prescription needs to be filled.

Workers who have access to MMIS will find the name of the client's lock-in pharmacy in the MMIS Recipient Maintenance panel (choose Lock-in Details). The Lock-in Details panel will show the selected pharmacy's name, effective dates, and their National Provider Identification (NPI) number.

Clients may change their pharmacy selection at any time for one of the following reasons:

- They move;
- They are reapplying for OHP benefits or
- They are denied access to pharmacy services by their selected pharmacy.

For changes, the worker can either contact CES with the client's pharmacy choice or the client may call the Client Services Unit (CSU) directly at 1-800-273-0557.

CSU is responsible for giving the information to CES to update the client's Third Party Liability (TPL) information. A new OHP Coverage Letter is mailed each time a change is made to the client's TPL information.

Branch workers may fax, telephone or mail the client's pharmacy choice to CES. Fax to 503-945-6873 or mail to:

DMAP Client Enrollment Services

500 Summer Street NE, E44

Salem, OR 97301-1079