

Division of Medical Assistance Programs

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Authorized Signature

Number: DMAP-AR-10-001

Issue Date: 04/23/2010

Topic: Medical Benefits

Effective Date: May 2010

Subject: "OHP Plus - Supplemental" (BMP) benefit plan for OHP Plus pregnant adults

Applies to (check all that apply):

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Action Required:

Prepare for calls and questions about "OHP Plus – Supplemental":

Please review the following communications and resources that describe what will happen when the new "OHP Plus – Supplemental" (BMP) benefit plan becomes available in May for pregnant adults receiving OHP Plus benefits.

- **Provider letter (pages 4-5)** – DMAP will send this via eSubscribe, Provider Web Portal and banner message on paper remittance advices to dental and vision service providers.
- **Insert to OHP client coverage letters (pages 6-7)** – All pregnant OHP Plus adults will receive a new coverage letter that lists the "OHP Plus – Supplemental" plan in addition to "OHP Plus" or "OHP with Limited Drug" benefits. DMAP updated an insert for these letters to add information about the "OHP Plus – Supplemental" plan.
- **EDI Bulletin (pages 8-9)** – DMAP will send this via eSubscribe to electronic data interchange (EDI) trading partners and submitters. It lets them know that the 271 eligibility verification response will contain two benefit lines (BMM/BMH/BMD and BMP) for OHP Plus pregnant adults, which may require changes to their software in order to display accurate eligibility information for OHP Plus pregnant adults.
- **BMP Implementation phone scripts (pages 10-12)** – These scripts answer some questions you may receive from providers or clients about the "OHP Plus – Supplemental" plan.

The OHP Plus changes page at www.oregon.gov/DHS/healthplan/plus-changes.shtml will also have links to these resources.

In May, DMAP will also update the following resources with information about the new benefit plan:

- Section IV of the [Worker Guide](#)
- [OHP Client Handbook](#) inserts
- General Rules, Dental Services and Vision Services supplemental information guides at www.dhs.state.or.us/policy/healthplan/main.html.

Know how to add “BMP” eligibility for pregnant OHP Plus adults:

The client’s due date gets added to the MMIS when a “DUE” is added to the client’s CM system case. If the client has a due date in MMIS and is age 21 or older, the MMIS will add BMP as one of the client’s benefit plans.

If you think an adult OHP Plus client should have BMP and BMP isn’t present:

- Check CMUP/PCMS for a “DUE” need/resource item. If the client has a “DUE” in CM and has a due date in MMIS, contact Client Maintenance Services (client.maintenance@state.or.us or Maintenance, Client in GroupWise) to get the BMP benefit plan added to the client’s record.
- If “DUE” is present on CMUP/PCMS but not MMIS, also report the error to the DHS Service Desk (dhs.servicedesk@state.or.us or ServiceDesk, DHS in GroupWise) so that DHS can research potential issues with implementation.

Reason for Action:

In May, OHP Plus pregnant adults will have the OHP Plus – Supplemental (BMP) benefit plan added to their recipient records in MMIS.

- The plan contains the dental and vision benefits covered only for OHP Plus children and pregnant adults. Effective Jan. 1, 2010, non-pregnant adults age 21 and older who receive OHP Plus or OHP with Limited Drug benefits no longer qualify for the same level of dental and vision coverage as children and pregnant adults.
- Only pregnant OHP Plus adults with a due date entered on MMIS will have the BMP plan added to their records.
- OHP Plus children will have this benefit plan added to their records later this year.

The BMP plan does not change coverage for OHP Plus children and pregnant adults. It only moves the limited dental and vision benefits to a separate plan so that DMAP can process claims for these services.

Field/Stakeholder review: Yes No

If yes, reviewed by: Benefit Reduction Workgroup

If you have any questions about this action request, contact:

For dental service questions:	Kristi Jacobo, DMAP Dental Program Manager kristi.jacobo@state.or.us
For vision service questions:	Georgia Rhay, DMAP Vision Program Manager georgia.rhay@state.or.us
Other questions:	Sharon Hill, Senior Business Implementation Analyst sharon.k.hill@state.or.us



Dental and vision care providers

"BMP" benefit plan will be available May 2010

BMP - OHP Plus Supplemental Benefits

In May, DHS will activate the benefit plan that indicates eligibility for the OHP Plus dental and vision services only covered for children and pregnant adults as of Jan. 1.

- The new plan is called *BMP - OHP Plus Supplemental Benefits*.
- Currently, this plan is only available for pregnant adults who receive OHP Plus or OHP with Limited Drug benefits (benefit plans BMM, BMH or BMD).
- DHS expects to activate the BMP plan for OHP Plus children later this year.

How to bill for "BMP" services

The BMP benefit plan will allow DHS to process claims for certain dental and vision services to pregnant OHP Plus adults (see below). Since Jan. 1, these claims denied.

- If you held claims for pregnant OHP Plus adults to avoid such denials, you can submit them once the BMP plan is activated and expect them to process appropriately.
- DHS will also reprocess any dental and vision claims for BMP-eligible adults that denied because the BMP plan was not available.

Once DHS confirms the specific date the BMP plan will be available, we will let you know.

Summary of BMP-covered services

This is a summary only; it is not a comprehensive description of BMP coverage. See the Dental and Vision provider guidelines at www.dhs.state.or.us/policy/healthplan/guides/main.html for details and specific limitations.

Vision codes - <i>To improve visual acuity</i>	<ul style="list-style-type: none"> ■ 92002, 92004, 92012, 92014, and 92015 ■ 92340-92342 ■ V2020, V2025, V2100-V2615, and V2700-V2799
Dental codes	<ul style="list-style-type: none"> ■ D2390, D2710, D2751-D2752, D2930-D2933, D2954, D2957 ■ D3230, D3240, D3330, D3351-D3353, D4240-D4241, D4245 ■ D4260-D4261, D4268, D7320, D9430

How will clients find out about this change?

The week that the BMP plan is activated, affected clients will receive a new coverage letter. Page three of the letter will list "OHP Plus - Supplemental" in addition to the "OHP Plus" or "OHP with Limited Drug" benefit plan.

- An insert with the coverage letter will explain that pregnant adults receiving OHP Plus benefits now have some dental and vision benefits listed as part of the "OHP Plus - Supplemental" benefit plan. This added plan does not change their coverage.

- A benefits chart on the insert also explains that OHP Plus children have the same benefits as OHP Plus adults covered by the "OHP Plus - Supplemental" benefit plan.

How to verify eligibility for "BMP" services

As you would for all clients, verify eligibility using the Provider Web Portal, 270/271 inquiry or Automated Voice Response (AVR).

- Adults eligible for full dental and vision benefits will have BMP listed **in addition to** BMM, BMH or BMD.
- Children eligible for these benefits will have BMM, BMH or BMD **and** a date of birth after [today's date], 1989. BMP **will not** display for these clients.

Benefit Plan	Effective Date	End Date
① BMH	01/01/2010	03/10/2010
② BMP	01/01/2010	03/10/2010
CRN	01/01/2010	03/10/2010
SMHS	01/01/2010	03/10/2010

For OHP Plus adults eligible for "BMP" services, look for two benefit lines:
 1. One for BMM, BMH or BMD and
 2. Another line for BMP.

You can also use AVR or the Provider Web Portal's HSC and Benefit Inquiry to find out whether a specific procedure is covered by the client's benefit plan(s).

Need help?

If you are verifying eligibility for an OHP Plus adult whom you believe should have the "BMP" benefit plan but cannot find "BMP" on the client's eligibility verification once the new plan is activated in May, you can request eligibility verification as follows:

Dental providers

- **For fee-for-service clients:** Contact Provider Services at 800-336-6016.
- **For managed care clients:** Contact the client's DMAP Dental Plan.

Vision providers

- **For fee-for-service clients:** Contact Provider Services at 800-336-6016.
- **For managed care clients:** Contact the client's DMAP Medical Plan.

Thank you for your continuing support of the Oregon Health Plan during this transition.



DMAP CAPE
10-104 04/10



Encourage families to sign up for Healthy Kids!

Children with no health coverage may qualify. Learn more and find out how you can help spread the word.

www.oregonhealthykids.gov

1-877-314-5678

This sheet contains important information about your coverage letter and Medical Care ID.

Why did I receive a coverage letter/ID card?

You received the letter (and possibly an ID card) because:

- You are new to OHP;
- Your coverage has changed (the letter shows the new information); or
- You requested a replacement card.

The first page of your coverage letter lists the reason you were sent the letter/ID and the date the change is effective.

Pregnant adults who receive OHP Plus or OHP with Limited Drug benefits now have some dental and vision benefits listed as part of the “OHP Plus - Supplemental” plan. This does not change coverage; it just moves some existing benefits to this new plan.

Check the date of issue

If you receive more than one DHS Medical Care ID card and coverage letter, check the date of issue. Keep the one with the most recent date.

Who do I call?

Call Client Services at 800-273-0557, if you:

- Receive a medical bill;
- Need information about how to make a health care appointment;
- Have concerns about access, quality or limitations on your health care; or
- Have questions about your coverage. If you are in a managed care plan, call your plan. Your plan’s phone number is listed on page 3 of your letter.

Call your worker if you:

- Have questions about your eligibility;
- Become pregnant or your pregnancy ends; or
- Need a new Medical ID card or coverage letter.

Your worker’s code and phone number is above your name and address.

New or changed managed care plan enrollment

If you have been enrolled in a managed care plan (see page 2 of your letter), your medical or dental care coverage will not change. You will need to see a health care provider who is with your plan. Your managed care plan will send you information about the services it provides. Medical plans will also send you a list of primary care providers (PCP) for you to choose from.

30-day enrollment change

Depending on where you live, you may be able to change plans in the first 30 days of enrollment in your new plan. Call your worker about your choices.

Delayed enrollment

Your medical plan enrollment may be delayed if you are scheduled for surgery or are in the last three months of pregnancy. Call your worker if you need to delay enrollment for these reasons.

American Indians/Alaska Natives

If you are an American Indian or Alaska Native with proof of Indian heritage, you can choose not to be enrolled in a managed care plan. You may receive medical or dental services from any provider who will take your DHS Medical Care ID. Contact your worker if you do not want to be enrolled in a managed care plan.

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.





April 2010

“BMP” benefit plan implementation

On Jan. 1, 2010, DHS reduced dental and vision services for non-pregnant OHP Plus adults. While DHS waited for a benefit plan for the reduced services to be built, claim processing for the reduced services was only possible for OHP Plus clients under age 21.

DHS is now getting ready to implement the BMP benefit plan (“OHP Plus – Supplemental”) for pregnant OHP Plus adults in May. This means DHS will be able to process and pay claims for the reduced dental and vision services for dates of service back to Jan. 1 for all adult clients eligible for these services.

This bulletin will address concerns EDI trading partners and submitters may have with this implementation.

834 enrollment files

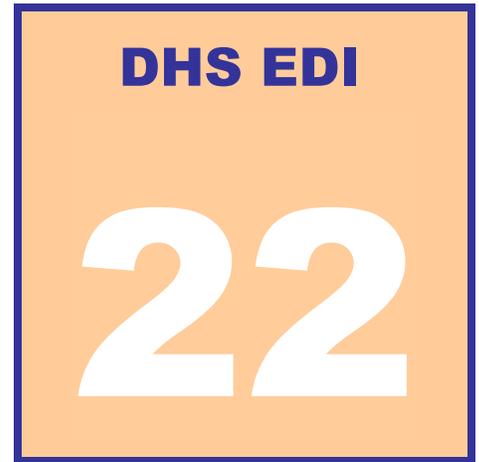
At implementation, the 834 transaction (monthly and weekly enrollment files for contracted managed care plans) will not include BMP information for BMP-eligible clients.

- DHS plans to enter the BMP effective date in HD04 segment position 2 thru 9 (8 spaces for the date mm/dd/yyyy) and the “BMP” benefit plan code in position 43 thru 45 (3 spaces).
- Once DHS knows when the 834 will include this information, an updated 834 Companion Guide will be posted to the [EDI Resources page](#), and DHS will notify managed care plans of the change.
- Until then, managed care plans and their providers must check for BMP eligibility using the Provider Web Portal, Automated Voice Response (AVR) or the 270/271 eligibility verification transactions.

270/271 eligibility verification

Once DHS implements the new “BMP” benefit plan providers will need to see two benefit plans active for clients eligible for BMP services:

- The *OHP Plus* or *OHP with Limited Drug* benefit plan (BMM, BMD, or BMH); **and**



- The new *OHP Plus – Supplemental* benefit plan (BMP).

You may need to update your system’s eligibility verification interface to allow BMP to display for eligible clients.

To verify that an OHP Plus child is eligible for BMP services, providers need to see the following information:

- The *OHP Plus* or *OHP with Limited Drug* benefit plan (BMM, BMD, or BMH); **and**
- A date of birth later than [today’s date], 1989.

We apologize for any inconvenience this may cause. Please know that providers will be able to verify BMP eligibility for OHP Plus adults using the Provider Web Portal at <https://www.or-medicaid.gov>, the Automated Voice Response System at **866-692-3864**, or the DHS 271 eligibility response.

Use the current DHS Companion Guides

Make sure your software is set up with the DHS-specific requirements outlined in the companion guides. DHS has posted an updated addendum for the EB05 Benefit Plan Codes used in the 271 transaction to include the new “BMP” benefit plan information on the EDI Resources page at www.oregon.gov/DHS/edi/resources.shtml.

To make sure you have the most current version of all the DHS companion guides you need, [eSubscribe to EDI Resources updates](#).

Reset your password

EDI passwords expire every 90 days, so please reset them using the Provider Web Portal password change utility before they expire. DHS will not send any reminders when your password is about to expire. Make sure your password does not begin with a number.

Need help?

As EDI Support Services works to resolve upgrade issues, you may continue to experience delayed response times. Thank you for your patience as EDI staff work to answer your e-mails and telephone calls in a timely fashion.

- If you need technical assistance, contact EDI Support Services at 888-690-9888 or e-mail dhs.edisupport@state.or.us.
- If you have questions about specific claims, contact Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us.
- If you need help with the Provider Web Portal, including PIN and password resets, contact Provider Services at 800-336-6016 or team.provider-access@state.or.us.

BMP benefit plan implementation

Phone Script for Provider Calls

When does the new benefit plan take effect?

- DHS plans to implement the new benefit plan May 2010. We will let you know the specific date once it's confirmed.

Who does this affect?

- Only adult OHP Plus and OHP with Limited Drug clients (benefit plans BMM, BMH or BMD) who are pregnant, or were pregnant sometime since Jan. 1, 2010, will have the BMP benefit plan on their eligibility verification records.
- Children (under age 21) on benefit plans BMM, BMH and BMD will not have the BMP benefit plan on their record. You will still need to use the client's OHP Plus benefit plan and date of birth to verify eligibility for BMP services.

What services are covered by this benefit plan?

Services to improve vision:

- Exams to prescribe glasses or contacts – CPT codes 92002, 92004, 92012, 92014, and 92015
- Fittings for glasses or contacts: 92340-92342
- Glasses or contacts: V2020, V2025, V2100-V2615, and V2700-V2799

Certain dental services:

- Crowns: D2390, D2710, D2751-D2752, D2930-D2933, D2954, D2957
- Root Canals: D3230 and D3240 (primary teeth); D3330 (molars)
- Apexification/recalcification procedures: D3351-D3353
- Gingival flap procedures: D4240-D4241
- Apically positioned flap: D4245
- Osseous surgery: D4260-D4261
- Surgical revision procedure: D4268
- Alveoplasty: D7320
- Office visit for observation: D9430

Some services have different limitations for children/pregnant women than non-pregnant adults:

- Full dentures for non-pregnant adults only when final impression for denture completed within 3 months after last extraction from the arch for which the denture is being made
- Adjustments and repairs of dentures have limitations for non-pregnant adults
- No replacement of full dentures for non-pregnant adults

How does this affect billing?

- You can submit claims for OHP Plus pregnant women for dates of service Jan. 1 forward, and they will no longer deny for error 4801 ("Service not covered by client's benefit plan").
- **Do not resubmit any claims that denied for this error for the period Jan. 1 through May 2010.** DMAP will reprocess these claims so that they will process accordingly.

Where can providers get help?

- To find out about the specific services that are covered or not covered, refer to the Jan. 1, 2010 rulebooks on the Dental Services and Visual Services provider guidelines pages at <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>.
- More information is also available on the OHP Web site (go to www.oregon.gov/DHS/healthplan)

and click on the “OHP Plus dental and vision changes” Quick Link).

Do you know if you can log into the Provider Web Portal and AVR?

You will need to know how to identify a BMP-eligible client on the Web or through AVR. BMP clients will have a benefit plan code of BMH, BMM or BMD **and** a new BMP benefit plan.

If you can log into the Web portal:

Make sure you have roles you need, and contact your office administrator to get your roles updated if needed. You will need:

- **Eligibility Inquiry:** To check client eligibility, benefit plan(s), medical/dental plans and view client’s date of birth.
- **HSC and Benefits Inquiry:** To check if a specific procedure code is covered by the client’s benefit plan(s).

If you can’t log into the Web portal or AVR and the call is not an access issue:

Let me transfer you to DMAP’s Web Portal Access team so that they can set you up.

If you can log into AVR:

Did you know you can do more than verify eligibility using AVR?

- Review the AVR Guide on the OHP Web site to get automated information about claim, PA and payment status over the phone.
- Go to www.oregon.gov/DHS/healthplan and click on “Tools for Providers,” then “Eligibility Verification.”

If you can’t log into the Web portal or AVR and the call is an access issue:

“Please provide the client’s Medicaid ID number and date of birth.”

In MMIS, go to Recipient→Search, enter the client’s ID number in the “Current ID” field and click “Search.” In the search results, click the client’s record. Review the Recipient Info screen:

If the client’s benefit plan is BMM, BMD or BMH, and:

- The client’s date of birth is [today’s month/day] 1989 or earlier and there is no pregnancy due date – The client will have reductions.
- The client’s date of birth is after [today’s month/day] 1989 – The client will NOT have reductions. The claim will process appropriately.
- The client also shows a BMP benefit plan – The client will NOT have reductions. The claim will process appropriately.

If the client’s benefit plan is KIT, CWM, CWX, or MED:

- The reductions do not apply to this client.
- The reductions only apply to non-pregnant adult clients with benefit plan BMM, BMD or BMH.

BMP Implementation

Phone Script for Client Calls

Why did I get a new coverage letter?

- As a pregnant adult on the OHP Plus benefit plan, you have some dental and vision services that were reduced for non-pregnant adults starting Jan. 1. DHS was able to enter this information into a new benefit plan for pregnant OHP Plus adults.
- The new benefit plan is called “OHP Plus – Supplemental.” This new plan does not change your OHP Plus coverage. The only change was to move some services from OHP Plus to OHP Plus – Supplemental, since those services are no longer available to all OHP Plus clients.

Why doesn't my child also have “OHP Plus – Supplemental Benefits”?

- Your child has the same OHP Plus services. The dental and vision services you get as a pregnant OHP Plus adult are the same services your child gets.
- Your child does have this benefit. It is just defined in our system by the combination of the child's OHP Plus benefit plan and age. For adults, the benefit is defined by the combination of the adult's OHP Plus benefit plan and the OHP Plus – Supplemental Benefit plan.
- DHS expects children to get added to the OHP Plus – Supplemental Benefits plan later this year.

What services does “OHP Plus – Supplemental Benefits” cover?

Services to improve your vision:

- Glasses;
- Contact lenses;
- Fittings for glasses or contacts; and
- Eye exams for prescribing glasses or contacts.

Certain dental services:

- Crowns;
- Office visits for observation;
- Replacement of full dentures;
- Root canals on molars and some other tooth root procedures;
- Some gum or oral surgery; and
- Some types of dentures and partials.

I'm pregnant, on OHP Plus and I don't see “OHP Plus – Supplemental” on my coverage letter (or I didn't get a coverage letter). Why?

If you are under age 21, you will not see “OHP Plus – Supplemental” on your coverage letter (or get a new coverage letter because of this change). Because you are under age 21 and on OHP Plus, we automatically know you are eligible for the supplemental benefits.

If you are age 21 or over, on OHP Plus and pregnant, you can contact your DHS worker to get your age and/or pregnancy information corrected in our system so we can issue you a new coverage letter that shows you are eligible for “OHP Plus – Supplemental” benefits.

Where can I find more information?

Client and provider letters, frequently asked questions about the changes, a list of the changes and more are also available on the OHP Web site (go to www.oregon.gov/DHS/healthplan and click on the “OHP Plus dental and vision changes” Quick Link).