

Dale Elder, Manager
DMAP Operations Section

Authorized Signature

Number: DMAP AR 12-001

Issue Date: 07/31/2012

Topic: Medical Benefits

Effective Date: 07/30/2012

Subject: DHS Medical Care ID name change effective Aug. 1, 2012

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

Action Required:

Please update any staff, client or provider resources you maintain that refer to the "DHS Medical Care ID." The new reference should be "Oregon Health ID."

Please assure clients they will still use their DHS Medical Care ID. They will only get a new Oregon Health ID if their name or Client ID number changes, or ask for a replacement ID.

Reason for Action:

As we work to integrate all types of care under Coordinated Care Organizations (CCOs), we want client materials to reflect accurately this new focus on overall health.

To learn more about CCOs, please visit www.health.oregon.gov or the [OHA/DHS Intranet](#).

Starting Aug. 1, ID cards will state "Oregon Health ID" instead of "DHS Medical Care ID" (see sample on next page).

- To inform providers and plans, DMAP included an article in the [July 2012 Provider Matters](#) about the name change.
- To inform clients, DMAP will update the insert ([DMAP 1418](#)) mailed with client

coverage letters (see page 3).

DMAP will also update the following resources:

- Provider supplemental information for all DMAP programs, available on DMAP's [Provider Guidelines](#) pages
- Provider billing resources on the [How to submit claims to DMAP](#) Web page
- [Provider Web Portal](#) material
- [DMAP Worker Guide](#)
- [Keys to Success](#)
- [DMAP 3082](#) – OHP overview for Child Welfare certified families
- [Client handbook update](#)

Sample ID:

Oregon Health ID	Clients – Coverage questions? Call 800-273-0557.
Jane Doe Client ID #: XX12345XX Date card issued: 08/01/12	Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864. Billing questions? Call 800-336-6016.
	

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If you have any questions about this information, contact:

Contact(s):	DMAP Client and Provider Education
E-mail:	dmap.distribution@state.or.us

Information about your coverage letter and Oregon Health ID

You received a new coverage letter for one or more of the below reasons. Page 1 of this letter shows the reason(s) we mailed it to you.

Reasons for this letter:

- You are new to the Oregon Health Plan;
- You have a new health plan or Third Party Resource (TPR - other coverage, such as Medicare);
- You requested a new ID card, or are getting a new ID card because your name or ID number changed; or
- Your benefits, address, or household members have changed.

Included in this letter:

- Page 1 – Shows your caseworker information and reasons for the letter
- Page 2 – The people in your household; their benefit packages, health plans, and TPR
- Page 3 – Names and phone numbers for your health plans
- Page 4 - New ID card(s), if needed

ID card

You get an Oregon Health ID card (previously called the DHS Medical Care ID) when you are new to the Oregon Health Plan. If your card says “DHS Medical Care ID,” you can still use that card. You do not need a new card. We will only send you a new card if your name or ID number changes.

New or changed health plan

If you enroll in a health plan (see page 2 of this letter), your benefits will still be the same. Your new plan will send you more information soon, including a list of providers to choose from.

Your enrollment options

You may be able to change health plans in the first 30 to 90 days of enrollment. Call your caseworker or OHP Client Services about your options.

Health plan enrollment is required, unless:

- You are American Indian or Alaska Native. You can choose to still get care through Indian Health Services or a tribal health center after you enroll in a plan. Call your caseworker if you want to enroll in a plan.
- You also receive Medicare benefits. You can choose to change or leave your plan at any time.
- You get care from a provider not in your plan, and changing providers would negatively affect your health.
- You are in your last 3 months of pregnancy and want to stay with your current provider (this option ends January 1, 2013).

Please note: If you have more than one coverage letter, please check the date(s) listed under “Reason for letter” on the first page. Keep the newest letter.

Questions?

Health plan members, please call your plan. Find phone numbers on page 3 of your coverage letter.

Call OHP Client Services at 1-800-273-0557, if you are not in a plan and you:

- Get a bill,
- Need help making an appointment,
- Have problems with access, quality or other limitations, or
- Have questions about coverage.

Call your caseworker if you:

- Have questions about eligibility,
- Become pregnant or your pregnancy ends,
- Want to change health plans,
- Change addresses or phone numbers (please call within 30 days of the change), or
- Need a new ID card.

Find your caseworker’s code and phone number on Page 1 of your coverage letter.

Oregon is working to improve the health and care of OHP clients through a patient-centered approach: Learn more at www.oregon.gov/OHA/healthplan.

Oregon Health Plan benefit packages

OHP covers benefits 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 1-800-699-9075.

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	✓	✓	✓	Emergency only	✓	
	Other services	✓	Limited			✓	
Hearing aids and hearing aid exams		✓	✓			✓	
Home health; private duty nursing		✓	✓			✓	
Hospice care		✓	✓	✓		✓	
Hospital care	Emergency treatment	✓	✓	✓	✓	✓	
	Inpatient/outpatient care	✓	✓	✓		✓	
Immunizations		✓	✓	✓		✓	
Labor and delivery		✓	✓	✓	✓	✓	
Laboratory and X-ray		✓	✓	✓	Emergency only	✓	
Medical care from a physician, nurse practitioner or physician assistant		✓	✓	✓	Emergency only	✓	
Medical equipment and supplies		✓	✓	Limited		✓	
Medical transportation		✓	✓	Emergency only	Emergency only	✓	
Medicare premiums, copayments (except for drugs) and deductibles							✓
Mental health		✓	✓	✓		✓	
Physical, occupational and speech therapy		✓	✓			✓	
Prescription drugs		✓	✓	✓		✓	
Vision services	For medical and emergency treatment	✓	✓	✓	Emergency only	✓	
	For glasses	✓	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.

