

Health Services
Office of Medical Assistance Programs

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Authorized Signature

Number: OMAP-IM-06-004
Issue Date: 01/06/06

Topic: Medical Benefits

Subject: (1) Prioritized List Changes
(2) MMA Transmittal: Clarification of Benefit Package Coverage

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 staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message: OMAP is sending the attached announcement to all providers on Monday, January 9, 2006. The announcement combines two messages, one about changes to the Prioritized List and one clarifying the coverage of the *OHP with limited drug* benefit package.

Staff Updates

MID1 Screen Print Errors – Temporary Medical Care IDs printed from the MID1 screen on January 3 and 4 for clients with a **BMD** benefit package code listed the wrong benefit package. These temporary Medical Care IDs showed that the client had OHP Plus benefit package coverage. They should have had the OHP with limited drug benefit package. Temporary IDs printed on or after January 5, are correct.

Worker Guide – OMAP will release revisions to OMAP Worker Guides on February 1, 2006. This also is the effective date.

General Rules Supplemental Information – OMAP revised the General Rules Supplemental Information and posted it to our Web site at:

www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html

The Supplemental Information includes a page that briefly explains each benefit package's coverage and samples of the new IDs and instructions on how to read them.

Effective January 1, 2006, the Health Services Commission (HSC) revised the Prioritized List of Health Services. The change reflects the merging of a number of lines and does not affect coverage. Funding of condition and treatment pairs is now through Line 530 and is equivalent to the previous funding line – 546.

The HSC maintains the Prioritized List on their Web site, at:

www.ohppr.state.or.us/hsc/index_hsc.htm

Important Information

Benefit Package Coverage Clarification

Clarification of OHP with limited drug benefit package coverage

On January 1, 2006, Medicare implemented the new Medicare Prescription Drug Program, Medicare Part D. Because of this, OMAP created a new benefit package, *OHP with limited drug*, to identify clients who have both Medicare and OHP/Medicaid coverage.

The *OHP with limited drug* benefit package covers the same medical, dental, and mental health services as the *OHP Plus* benefit package. However, the *OHP with limited drug* benefit package does not cover drugs covered by Medicare Part D.

OMAP General Rule 410-120-1210, effective January 1, 2006, shows the *OHP with limited drug* benefit package coverage as follows:

- (3) The benefit limitations and exclusions listed here are in addition to those described in OAR 410-120-1200 and in individual program Provider rules. The benefits and limitations included in each OHP benefit package follow:
 - (e) OHP with limited drug Benefit Package for Fully Dual Eligible Clients includes any service covered by Medicare, except that drugs or classes of drugs covered by Medicare Part D Prescription Drug are only covered by Medicare. Payment for services is the Medicaid allowed payment less the Medicare payment up to the amount of co-insurance and deductible, except as limited in (E) below. This package also covers:
 - (A) Services above the funding line on the HSC Prioritized List, (OAR 410-141-0480 through 410-141-0520);
 - (B) Mental health services based on the Prioritized List of Health Services, to be provided through Community Mental Health Programs or their subcontractors;
 - (C) Chemical dependency services provided through a local alcohol and drug treatment Provider;

- (D) Ancillary services (OAR 410-141-0480);
- (E) Cost sharing may apply to some covered services, however cost sharing related to Medicare Part D is not covered since drugs covered by Part D are excluded from the Benefit Package;
- (F) OMAP will continue to coordinate benefits for drugs covered under Medicare Part B, subject to Medicare's benefit limitations and OMAP Provider rules;
- (G) OMAP will cover drugs excluded from Medicare Part D coverage that are also covered under the medical assistance programs, subject to applicable limitations for covered prescription drugs (Refer to OAR 410 Division 121 for specific limitations). The drugs include but are not limited to:
 - (i) Benzodiazepines;
 - (ii) Over-the-Counter (OTC) drugs;
 - (iii) Barbiturates;

OMAP revised Medical Care IDs

The OMAP Medical Care ID, revised in October, includes the new *OHP with limited drug* benefit package in field 9a – Benefit Packages.

Clients covered by the new benefit package show a “D” in field 9b.

OHP will cover some drugs that Part D excludes

The *OHP with limited drug* benefit package covers Part D-excluded drugs, as long as prescriptions are for covered conditions and comply with all current Oregon Administrative Rules and procedures.

For more information on which drugs are covered by the *OHP with limited drug* benefit package, see OMAP's General Rules, Pharmacy, and Managed Care Rules, at:

www.dhs.state.or.us/policy/healthplan/guides/main.html

For more information about Medicare Part D, contact Medicare.

OHP copayments still apply

If a client currently pays OHP copayments, they must still make copayments on the drugs OHP/Medicaid covers. See OAR 410-120-1230 for our copayment policy at:

www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html

Questions?

Call or e-mail OMAP Provider Services for questions about OHP/Medicaid coverage, at:

(503) 947-5515 — or — OMAP.prov-callcenter@state.or.us

