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DMAP Quality Improvement & Medical Section

Authorized Signature

Number: DMAP-IM-08-026

Issue Date: 03/03/2008

Topic: Medical Benefits

Subject: Jackson County OHP clients must enroll in managed care

Applies to: 03/0

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| <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): <u>DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists</u> |

Message:

DMAP is sending the following letter to OHP clients in Jackson County who are not yet enrolled in a managed care plan. DMAP will continue enrolling clients into managed care in batches by ZIP code through June 2008. Providers were notified in January that enrollment in most of Jackson County is now mandatory.

If you have any questions about this information, contact:

Contact(s):	DMAP Client Services Unit		
Phone:	800-273-0557	Fax:	503-945-6898

Important Information for Jackson County

You must enroll in OHP managed care

Oregon Health Plan (OHP) clients living in Jackson County must enroll in a managed care plan as soon as possible.

You may enroll in either or both of the following:

- ◇ Medical plan
 - ◇ Dental plan
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This means

You need to contact your health care providers to find out which managed care plans they are part of.

Then call your OHP worker and ask to be enrolled in the managed care plans your providers are part of.

Your medical care ID

It may take up to two months for the enrollment in your new plan to become effective. Your plan's name will show on your Medical Care ID in fields 8a and 8b.

If you don't choose a plan

If you don't call your worker to tell them which managed care plan to enroll you in, we will assign you to one.

You may change managed care plans

- ◇ Within 30 days of enrollment.
 - ◇ When you reapply for OHP coverage.
 - ◇ If you move out of your plan's service area.
 - ◇ For any important reason that the Division of Medical Assistance Programs will approve.
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Advantages of managed care

- ◇ You will not have to pay copayments.
 - ◇ You will have guaranteed access to health care 24 hours a day, 7 days a week.
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If you are part of Disease Case Management (DCM) or Medical Case Management (MCM) programs

Contact your doctor to see if they will continue to see you on a fee-for-service ("open card") basis. If not, you will need to enroll in a managed care plan.

To enroll in a plan, call your OHP worker.

Some people don't have to enroll in OHP managed care plans if

- ◇ You are scheduled for surgery.
 - ◇ You are in the third trimester of a pregnancy.
 - ◇ You have end stage renal disease, receive routine dialysis treatment, or have had a kidney transplant within the last 36 months.
 - ◇ You are an American Indian or Alaska Natives or eligible for services through an Indian Health Services program.
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Questions?

-  If you have any questions about this information, call DMAP's Client Services Unit at 800-273-0557 or TTY 800-375-2863.
-  If you need this information in a larger print size or different format, call your worker.