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Issue Date: 12/17/2009

Topic: Medical Benefits

Subject: Phone scripts and resources - Changes to OHP Plus dental and vision benefits effective Jan. 1, 2010

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, AMH and DMAP transmittal lists |

Message:

DMAP has prepared the following phone scripts for staff to use when taking calls about the changes for OHP Plus dental and vision services effective Jan. 1, 2010.

- Note that the changes only apply to non-pregnant adults (age 21 and over) in OHP benefit plans BMM, BMH and BMD. Dental and vision services for children and pregnant women in BMM, BMH and BMD benefit plans will not change.
- Direct client-specific calls about treatment or changes in service to the client's managed care plan or dental/vision care provider.

You can also refer to the OHP Plus information page at www.oregon.gov/DHS/healthplan/plus-changes.shtml. This page features frequently asked questions, announcements related to the Jan. 1 changes, links to proposed rules, Dental and Vision provider guidelines, and more.

If you have any questions about this information, contact:

Contact(s): DMAP Client and Provider Education

E-mail: dmap.distribution@state.or.us

OHP Plus Service Reductions

Phone Script for Provider Calls

When will the reductions take place?

- The reductions are effective Jan. 1, 2010.

Who does this affect?

- The reductions only affect OHP Plus clients (benefit plans BMM, BMH and BMD) who are 21 years and older and not pregnant.
- Children and pregnant women will have no changes in their OHP Plus dental and vision benefits; however, the system is unable to exclude pregnant women from the reductions at this time.

How can providers verify whether an OHP Plus client is affected by the reductions?

- The Provider Web Portal and Automated Voice Response (AVR) can tell you whether the client is an OHP Plus client, provides the client's date of birth, and the client's OHP medical and dental plans; however, these systems do not provide information about pregnancies.
- Providers who see OHP Plus clients enrolled in an OHP medical or dental plan should contact the client's plan to verify pregnancy information.
- DMAP is working on a process to allow providers who see fee-for-service ("open card") clients to verify pregnancy information; we will let you know through OHP Provider Announcements, "Provider Matters," "MMIS – What's New" and banner messages on paper remittance advices once this process is in place.

How does this affect billing?

- If you bill for services that have been dropped or limited due to the Jan. 1 reductions, claims for all BMM, BMH and BMD clients age 21 and over will deny with error message 4801 ("Service not covered by client's benefit plan").
- If you submit claims for OHP Plus pregnant women after Jan. 1 and they deny for error 4801, **do not resubmit the claim(s)**. Please wait until DHS implements a new benefit plan for children and pregnant women with BMM, BMH or BMD benefits.
- Once this happens, DMAP will reprocess all claims that deny for error 4801. Any claims for clients with full OHP Plus dental and vision benefits will process accordingly.

Where can providers get help?

- To find out about the specific services that will be covered or not covered effective Jan. 1, go to the [Notices of Proposed Rulemaking page](#) and look at the notices for Dental Services and Visual Services programs.
- 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).

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

You will need to know how to identify an OHP Plus client on the Web or through AVR. OHP Plus clients will have a benefit plan code of BMH, BMM or BMD. **The reductions affect non-pregnant BMH, BMM and BMD clients age 21 and over.**

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.

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 [today's month/day] 1989 or earlier and there is a pregnancy due date – The client will NOT have reductions, but DMAP will not be able to process the claim appropriately until further notice.
- The client's date of birth is after [today's month/day] 1989 – 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.

OHP Plus Service Reductions

Phone Script for Client Calls

When will the reductions take place?

- The reductions are effective Jan. 1, 2010.

Who does this affect?

- The reductions only affect OHP Plus and OHP with Limited Drug clients who are 21 years and older and not pregnant.
- Children and pregnant women will have no changes in their OHP Plus dental and vision benefits.
- If you become pregnant, notify your worker as soon as possible so OHP is able to provide additional OHP Plus dental and vision coverage during your pregnancy.

How are vision services changing?

No longer covered

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

Still covered

- Emergency eye exams and treatment;
- Medical eye exams for any eye condition except for “disorders of refraction and accommodation” (*e.g.*, nearsightedness, farsightedness, astigmatism). Diagnostic services are still covered;
- Non-emergency visual services to treat medical conditions:
 - Aphakia;
 - Pseudoaphakia;
 - Congenital aphakia;
 - Keratoconus; and
 - Lack of natural eye lens(es) following cataract surgery.

Notes

The Oregon Health Plan will cover eyewear for orders submitted by December 31, 2009.

How are dental services changing?

No longer covered

- 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.

Still covered

- Diagnostic services (including exams, X-rays);
- Preventive services (including teeth cleanings, fluoride);
- Basic restorative services (including fillings - amalgams and composites);
- Endodontic services (including therapeutic pulpotomy, pulpal debridement, root canals on anterior or bicuspid teeth, retreatment of a previous root canal on anterior tooth);
- Periodontic services (including gingivectomy/gingivoplasty, periodontal scaling and root planing, periodontal maintenance);
- Dentures (including full dentures once in a client's lifetime when provided within 3 months of teeth being extracted, partial resin

Notes

Additionally, the following limited coverage for dentures will continue:

- Adjustments and repairs of dentures;
- Complete dentures (only covered when dentures are made within three months of final upper or lower teeth extractions);
- Relines (resurfacing of the tissue side of a denture);

- dentures once every 10 years, limited repairs and adjustments to dentures, denture relines and rebases);
- Oral and maxillofacial surgeries (including extractions and surgical extractions, tooth reimplantation, biopsies); and
- Adjunctive services (including anesthesia).
- Temporary partial dentures; and
- Replacement of partial resin dentures.

If I'm denied treatment because of these changes, can I request a hearing?

Yes, you can request a hearing about the denied service. However, if you are pregnant or under 21 and you believe you have been denied full OHP Plus dental or vision benefits in error, you don't need to go through the hearing process.

Instead, you can contact your DHS worker to get your age and/or pregnancy information corrected in our system so that your providers know that you are eligible for full OHP Plus benefits.

Why did I receive a second client notice ("Amended client notice")?

The first notice said that hearings regarding the changes may be limited or denied. The second notice provides more information about your hearing rights. Clients affected by the changes to OHP Plus can request a hearing about the changes within 45 days of receiving the client notice issued 12/15/09.

For more information about your hearing rights, read the client notice dated 12/15/09 at www.oregon.gov/DHS/healthplan/clients/announce/plus-changes0110.pdf.

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).