

Division of Medical Assistance Programs

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Authorized Signature

Number: DMAP-IM-10-015

Issue Date: 02/04/2010

Topic: Medical Benefits

Subject: OHP Managed Care Service Area Enrollment Corrections

Applies to:

- | | |
|--|---|
| <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:

On February 6, 2010, the Medicaid Management Information System (MMIS) will update managed care enrollment for approximately 25,000 clients who have moved from one service area to another. This action does not change benefits or eligibility for affected clients. Affected clients will continue to be “covered,” either enrolled in a Managed Care Plan (Plan) or in fee-for-service (FFS).

Clients will be disenrolled from their current Plan and:

- Enrolled into the same Plan if it is available in their service area, or
- Remain in FFS until the next weekly enrollment and they are auto-enrolled in a new Plan, or
- Remain in FFS because they:
 - Are exempt from auto-enrollment, or
 - Live in voluntary areas, or
 - Live in an area where no Plan is available.

The attached chart explains three possible scenarios for affected clients in their new service area and the timelines/effective dates for this large volume of updates. Clients could be involved in all three scenarios, depending on Plan availability in their new service area (i.e., a client might fall into scenario #1 for their medical Plan, scenario #2 for their mental health Plan and scenario #3 for their dental Plan).

Coverage letters to affected clients

Most of the affected clients will receive two coverage letters, one for disenrollment and one for enrollment. Clients will not be aware that a change has taken place until they receive a coverage letter. They may try to pick up a prescription or show up for a doctor's appointment and not know their enrollment status has changed.

Provider Announcement

DMAP has posted the attached provider announcement to the DMAP web pages for [OHP Provider Announcements](#) and [Pharmacy Provider Announcements](#). The announcement includes access information to the Web Portal and AVR.

DMAP will notify providers via eSubscribe and distribute a banner message on outgoing paper remittance advices.

Tools for Staff

The following documents and links provide more information:

- ✓ Chart of 3 Scenarios of Change for Clients in New Service Area (attached)
- ✓ DMAP is creating, and will later distribute, Q & A Phone Scripts to use in case you receive telephone calls from clients or providers.
- ✓ How to Find Managed Care Information in MMIS
http://www.dhs.state.or.us/training/caf_ss_medical/mmis/managed_care-02.pdf
- ✓ Child Welfare Managed Care Enrollment Information
<http://wiki.hr.state.or.us:8080/pages/viewpageattachments.action?pageId=20876459&metadataLink=true>

Background

This large volume of updates is happening because MMIS has never updated managed care enrollment for clients who moved from one "service area" to another so we now have approximately 25,000 changes to update. DMAP will begin updating the affected clients on 2/6 and after that, any client who moves to another service area will be updated in MMIS on a weekly basis.

If you have any questions about this information, contact:

| | |
|----------------|---|
| Contact | |
| E-mail: | Staff questions go to: DMAP.distribution@state.or.us . |

Three Scenarios of Change for Clients in New Service Area

| Medical, Dental or Mental Health Managed Care Plan (Plan) action | MMIS Action | Effective | Letter | Gap in Plan enrollment? |
|---|----------------|-----------|--------|--|
| Scenario #1: Client's old Plan is available in new service area | | | | |
| Disenrolled from Plan A in old service area | 2/6 | 2/14 | 2/10 | None - Clients (including Medicare and Child Welfare) will not have a gap in enrollment. |
| Enrolled in Plan A in current service area | 2/10 | 2/15 | 2/12 | |
| Scenario #2: Client's old Plan is not available but one or more other Plans are | | | | |
| Disenrolled from Plan A in old service area *See Medicare and Child Welfare exemptions below | 2/6 | 2/6 | 2/10 | FFS 2/7-2/14 |
| Enrolled in Plan B in current service area | 2/10 | 2/15 | 2/12 | |
| Scenario #3: No Plan available or new service area is voluntary | | | | |
| Disenrolled from Plan A in old service area | 2/6 | 2/6 | 2/10 | FFS 2/7 ongoing |
| In Fee-for-Service (FFS) | 2/7 | | None | |

*Medicare and Child Welfare client exemptions: There will be no medical Plan auto-assignment for Medicare or Child Welfare clients. Medicare clients will remain in FFS and Child Welfare will remain in FFS or re-enroll with their chosen medical Plan. Medicare and Child Welfare clients could be reassigned or re-enrolled, per normal business practice, for dental and mental health Plans only.

Remember:

- ▶ This action affects all Managed Care Plan “types” - medical, dental and mental health. Clients could fall into all three scenarios.
- ▶ Look up clients’ Plan enrollment status in MMIS and follow your usual business practices. To look up the client’s status, go to:

Managed Care → Managed Care → Recipient Case Enrollment
- ▶ On the MMIS screen, you will not see changes made on 2/10/10 until 2/11/10.

Important Information

Mass managed care plan enrollment changes

On February 6, 2010, DMAP will disenroll approximately 14,500 clients from their current Medical, Dental and Mental Health Plan effective February 7. Many of these clients will be enrolled in a new Plan effective February 15. This means they will receive services on a fee-for-service (FFS) basis from February 7 through February 14. Clients who are not enrolled in a new Plan will remain in FFS. Please make a special effort during this time to check the Web Portal or AVR to verify each client's Plan enrollment.

How clients will be informed

Clients will receive a Coverage Letter that shows they have been disenrolled from their Plan. Clients who are being enrolled in a new Plan will receive a second Coverage Letter that shows their new Plan's information.

Important

Coverage Letters will be mailed 5-7 days after the Plan change (disenrollment/enrollment) is effective. Clients will not be aware that they have been disenrolled from their Plan until they receive their Coverage Letter. This means clients may:

- Not know their coverage has changed when they pick up a prescription or show up for a doctor's visit, and
- Not realize they may be charged a copay for some prescriptions and services.

Attention Pharmacies

If you receive a denial for a pharmacy claim you are billing to a Plan between February 7 and 14, bill the claim as FFS before calling the Oregon Pharmacy Call Center.

How to verify Plan enrollment

You can verify Plan enrollment by using the Provider Web Portal at <https://www.or-medicaid.gov> or the Automated Voice Response (AVR) by calling 1-866-692-3864. Quick guides and other information are available at:

- Provider Web Portal quick guide – <http://dhsforms.hr.state.or.us/Forms/Served/oe3161.pdf>
- AVR quick guide – <http://dhsforms.hr.state.or.us/Forms/Served/OE3162.pdf>
- General information about the Provider Web Portal and AVR – <http://www.oregon.gov/DHS/healthplan/mmis.shtml>.



Contact information

For drug claims – including Prior Authorizations (PA)

Medicare Drug Questions

- Contact the MMA (Medicare Part D) Hotline, at 877-585-0007 or mma.referrals@state.or.us.

Questions about prescriptions for clients enrolled in a Plan

- Contact the client's Plan. The client's Plan name and phone number are listed on the Provider Web Portal.

Questions about prescriptions for FFS clients

- Contact the Oregon Pharmacy Call Center, at 888-202-2126 or FAX 888-346-0178. The Call Center:
 - ◆ Is available 24 hours per day, seven days a week
 - ◆ Receives calls and faxes related to PA requests for FFS prescriptions – including 7/11 carveout prescriptions for managed care clients.
 - ◆ May authorize up to a 96-hour emergency supply (Emergency PA protocol-see OAR 410-121-0060).

All other issues

Questions about clients enrolled in a Plan

- Contact the client's Plan. The client's Plan name and phone number are listed on the Provider Web Portal.

Questions about FFS clients

- Contact the Provider Services Unit at 800-336-6016 or dmap.providerservices@state.or.us.



Remember Healthy Kids!

Children with no health insurance may qualify for the Oregon Healthy Kids plan. Encourage families to sign up today! Applications are available at www.oregonhealthykids.gov, by phone at 1-877-314-5678, or at any DHS branch office.