

Sandy Wood, Manager
DMAP Research, Education and Development Section **Number:** DMAP-IM-11-034

Authorized Signature **Issue Date:** 04/06/2011

Topic: Medical Benefits

Subject: Worker Guide Sections I, III, VI and X updated

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP posted the following updated Worker Guides sections at http://www.oregon.gov/DHS/healthplan/data_pubs/wguide/main.shtml:

- Worker Guide I, DMAP/Medicaid Overview
- Worker Guide III, Medical Care Identification and Coverage Letter
- Worker Guide VI, Other Medical Resources
- Worker Guide X, Service Denial Codes has been deleted. Please recycle existing copies.

If you have any questions about this information, contact:

| | |
|--------------------|---|
| Contact(s): | Roxanne McAnally, DMAP Client and Provider Education Unit |
| E-mail: | Roxanne.R.McAnally@state.or.us |



DMAP Worker Guide I

DMAP/Medicaid Overview

- DMAP overview...2
- DMAP resources...2

Responsibilities by Division

The Division of Medical Assistance Programs (DMAP)

DMAP is a part of the Oregon Health Authority (OHA). DMAP administers the Oregon Health Plan and:

- Determines policy and rules for medical assistance programs including the Oregon Health Plan (OHP).
- Is responsible for Title XIX and Title XXI State Plans.
- Informs clients and providers about policy and rule changes that affect OHP services.
- Pays claims for covered health care services.
- Contracts with managed care organizations (MCOs) for OHP.

Children, Adults and Families (CAF) Division, Seniors and People with Disabilities (SPD) Division, and the Oregon Youth Authority (OYA)

Branch offices throughout Oregon provide a direct link with clients receiving medical assistance. The various agencies determine eligibility rules for their programs. Branch staff will:

- Determine a client's eligibility.
- Provide choice counseling to clients when needed regarding the selection of MCOs available in their area.
- Enter eligibility data into the computer system.
- Order replacement Medical Care Identifications (IDs) and Coverage Letters or issue temporary Medical IDs when needed.

DMAP Resources

To view current contact information, including client assistance, provider resources, billing, and prior authorization for fee-for-service clients, go to

http://www.oregon.gov/DHS/healthplan/tools_staff/dmap-phone.pdf.

If you cannot find the number you need, call DMAP reception 800-527-5772 or 503-945-5772. (Salem)



DMAP Worker Guide III

Medical Care Identification and Coverage Letter

- Issuing replacement or Temporary IDs and Coverage letters...2
- Sample Coverage letter and Medical ID...3

Medical Care Identification (ID) and Coverage letter

Every eligible household receives a Coverage letter and Medical Care ID cards for each eligible member. The DHS Medical Care ID is the size of a business card and lists the client name, prime number and the date it was issued.

Every person who is eligible in the household receives their own Medical ID.

Clients should take the Medical ID to all health care appointments. Providers use the information on the card to check client eligibility. However, providers are able to check client eligibility without the ID, using the client's name and birth date or social security number.

ID cards are only sent once unless there is a name change or there is a request for a replacement.

Coverage letter

The Coverage letter is for the client's information only. They should not take it to their health care appointments. The Coverage letter shows the worker's ID and phone number, and the benefit package, any copayment requirements and managed care enrollment for everyone in the household. New Coverage letters are sent anytime this information changes for anyone in the household. A sample of the Coverage letter and Medical IDs are included in this section.

A Quick Benefit Guide (*yellow sheet*) to OHP benefits and services is included with Coverage letters. For the most recent version, go to www.oregon.gov/DHS/healthplan/forms/1418.pdf

Medical Care ID and Coverage Letter Replacements

Replacements may be necessary if a client moves or if their card has been lost or destroyed.

Workers may order replacement IDs through MMIS. Replacement cards and Coverage letters are mailed to the client's mailing address.

For detailed instructions on how to order a replacement or issue a temporary ID or Coverage letter, please see Self-Sufficiency's Staff Tools at their Medical Team Web page at http://www.dhs.state.or.us/caf/caf_ss_medical/mmis/issue_id_ltr-02.pdf.

Sample Coverage letter - Page 1

5503 XX#### XX P2 EN AT
PO BOX ####
SALEM, OR 97309
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE
123 MAIN ST

HOMETOWN OR 97000

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in you coverage, or if you request one.

Welcome to the Oregon Health Plan (OHP). This is your **new coverage letter**.

This letter lists coverage information for household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reasons for letter:

Managed care plan or Primary Care Manager enrollment changed for:

Doe, John – 7/13/2009
Doe, Jane – 7/13/2009
Doe, Timothy – 7/13/2009
Doe, Kathy – 7/13/2009

Sample Coverage letter - Page 2

The following chart lists coverage information for everyone who is eligible in your household. See the enclosed Benefit Package chart for information about what each benefit package covers. Letters in the Managed Care/TPR enrollments section refer to the plans listed on the Managed Care/TPR Enrollment page.

| Name | Date of birth | Client ID # | Copays? | Benefit Package | Managed Care/TPR enrollment |
|-------------|---------------|-------------|---------|-----------------------|-----------------------------|
| John Doe | 01/01/1968 | AB1234CD | No | OHP Standard | A, B, C |
| Jane Doe | 02/01/1968 | AB1235CD | No | OHP with Limited Drug | A, B, C, G, H, I |
| Timothy Doe | 03/01/2006 | AB1236CD | No | OHP Plus | B, C, D, F |
| Kathy Doe | 04/01/2007 | AB1237CD | No | OHP Plus | B, C, E, G, H |

Sample Coverage letter - Page 3

Managed Care/TPR enrollment

| Plan Information | Plan Information | Plan Information |
|---|---|--|
| A Fully Capitated Health Plans - DOCTORS UNLIMITED 800-555-5555 | B Dental Care Organizations - DC HAPPY TEETH 866-555-5555 | C Mental Health Organizations - MH CANYON MENTAL HLTH ORG 888-555-5555 |
| D MAJOR MEDICAL MATERNITY EMPLOYER'S INSURANCE Pol# 12345678 ABC123456789 | E DCM-FFS Disease Mgmt DCM Contractor 800-555-5555 DCM-PGM | F PRESCRIPTION DRUGS - COST OREGON'S PHARMACY |
| G Medicare Part A MEDICARE NW - PART A | H Medicare Part B MEDICARE-B/BC N DAKOTA | I Medicare Part D MEDICARE PART D |

Sample Medical ID cards

Front

Back

| | |
|--|---|
| <p>DHS Medical Care ID</p> <p>John Doe Client ID #: XX1234XX Date card issued: 12/09/08</p>  | <p>Clients – Coverage questions? Call 800-273-0557.</p> <p>Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.</p> <p>Billing questions? Call 800-336-6016.</p> |
|--|---|

| | |
|---|---|
| <p>DHS Medical Care ID</p> <p>Jane Doe Client ID #: XX1235XX Date card issued: 12/09/08</p>  | <p>Clients – Coverage questions? Call 800-273-0557.</p> <p>Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.</p> <p>Billing questions? Call 800-336-6016.</p> |
|---|---|

| | |
|---|---|
| <p>DHS Medical Care ID</p> <p>Timothy Doe Client ID #: XX1236XX Date card issued: 12/09/08</p>  | <p>Clients – Coverage questions? Call 800-273-0557.</p> <p>Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.</p> <p>Billing questions? Call 800-336-6016.</p> |
|---|---|

| | |
|---|---|
| <p>DHS Medical Care ID</p> <p>Kathy Doe Client ID #: XX1237XX Date card issued: 12/09/08</p>  | <p>Clients – Coverage questions? Call 800-273-0557.</p> <p>Providers – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.</p> <p>Billing questions? Call 800-336-6016.</p> |
|---|---|

Sample *Yellow Sheet* - Front

**Important information
about your coverage letter and Medical Care ID.**

Why did I receive a coverage letter/ID card?

You received the letter (and possibly an ID card) because:

- You are new to OHP;
- Your coverage has changed (the letter shows the new information); or
- You requested a replacement card.

The first page of your coverage letter lists the reason you were sent the letter/ID and the date the change is effective.

Pregnant adults who receive OHP Plus or OHP with Limited Drug benefits now have some dental and vision benefits listed as part of the "OHP Plus - Supplemental" plan. This does not change coverage; it just moves some existing benefits to this new plan.

Check the date of issue

If you receive more than one DHS Medical Care ID card and coverage letter, check the date of issue. Keep the one with the most recent date.

Who do I call?

Call Client Services at 800-273-0557, if you:

- Receive a medical bill;
- Need information about how to make a health care appointment;
- Have concerns about access, quality or limitations on your health care; or
- Have questions about your coverage. If you are in a managed care plan, call your plan. Your plan's phone number is listed on page 3 of your letter.

Call your worker if you:

- Have questions about your eligibility;
- Become pregnant or your pregnancy ends; or
- Need a new Medical ID card or coverage letter.

Your worker's code and phone number is above your name and address.

New or changed managed care plan enrollment

If you have been enrolled in a managed care plan (see page 2 of your letter), your medical or dental care coverage will not change. You will need to see a health care provider who is with your plan. Your managed care plan will send you information about the services it provides. Medical plans will also send you a list of primary care providers (PCP) for you to choose from.

30-day enrollment change

Depending on where you live, you may be able to change plans in the first 30 days of enrollment in your new plan. Call your worker about your choices.

Delayed enrollment

Your medical plan enrollment may be delayed if you are scheduled for surgery or are in the last three months of pregnancy. Call your worker if you need to delay enrollment for these reasons.

American Indians/Alaska Natives

If you are an American Indian or Alaska Native with proof of Indian heritage, you can choose not to be enrolled in a managed care plan. You may receive medical or dental services from any provider who will take your DHS Medical Care ID. Contact your worker if you do not want to be enrolled in a managed care plan.

Sample Yellow Sheet - Back

Benefit plan coverage

DHS will pay for services 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 1-800-359-9517.

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





DMAP Worker Guide VI

Other Medical Resources

- Senior Prescription Drug Assistance Program (SPDAP)...*Program withdrawn, see OPDP, page 2*
- Family Health Insurance Assistance Program (FHIAP)...2
- Oregon Medical Insurance Pool (OMIP)...2
- Oregon Prescription Drug Plan (OPDP)...2
- Oregon Breast and Cervical Cancer (BCCP) Program...3

Other Medical Resources

Senior Prescription Drug Assistance Program

Program has been withdrawn. See the Oregon Prescription Drug Plan section in this guide.

Family Health Insurance Assistance Program (FHIAP)

FHIAP was created by the 1997 Oregon Legislature to help low-income Oregonians afford private health insurance. The program subsidizes or pays for a significant portion of a member's health insurance premium.

FHIAP is a subsidy program, not an insurance plan. FHIAP will subsidize the medical and prescription drug portion of the premium, as well as vision or dental premiums if the coverage (or benefit) is offered by the same medical insurance company. FHIAP members must pay deductibles, co-pays or any other coinsurance associated with their health insurance plan.

For more information about FHIAP, call 1-888-564-9669, Monday through Friday, 8 am to 5 pm or go to www.fhiap.oregon.gov.

Oregon Medical Insurance Pool (OMIP)

OMIP is a high-risk health insurance pool established to cover adults and children who are unable to obtain medical insurance because of their health conditions. This is not an income-based program. Members must have the financial resources to pay the premiums. OMIP does not subsidize premiums or reduce them according to an individual's ability to pay.

OMIP also provides a way to continue insurance coverage for those who exhaust COBRA or are looking for Portability benefits and have no other options.

To apply, call the customer service unit between 8 am and 5 pm at 1-800-848-7280 and ask for an OMIP packet or download an application at the Web site www.omip.state.or.us.

The Oregon Prescription Drug Plan (OPDP)

OPDP is a statewide prescription drug purchasing pool that uses a discount card. All Oregonians may join. There is no cost to enroll and card holders report an average savings of 42 percent. All drugs prescribed by a licensed clinician are eligible for discounts.

To enroll by phone, call toll-free 1-800-913-4146, download an application, or apply online at www.oregon.gov/OHA/OPDP/. Applicants will receive an ID card within a week and can take it to a participating pharmacy with their prescriptions to receive the discount.

You can get a card, even if you have insurance, if you feel you do not have good insurance coverage. Here are some examples of how an OPDP card can help you:

- The prescription is not covered under your insurance plan.

-
- Waiting to have a pre-existing condition covered by your insurance plan.
 - During the deductible period when you must pay out of your pocket.
 - The cost is less with OPDP than your insurance benefit.

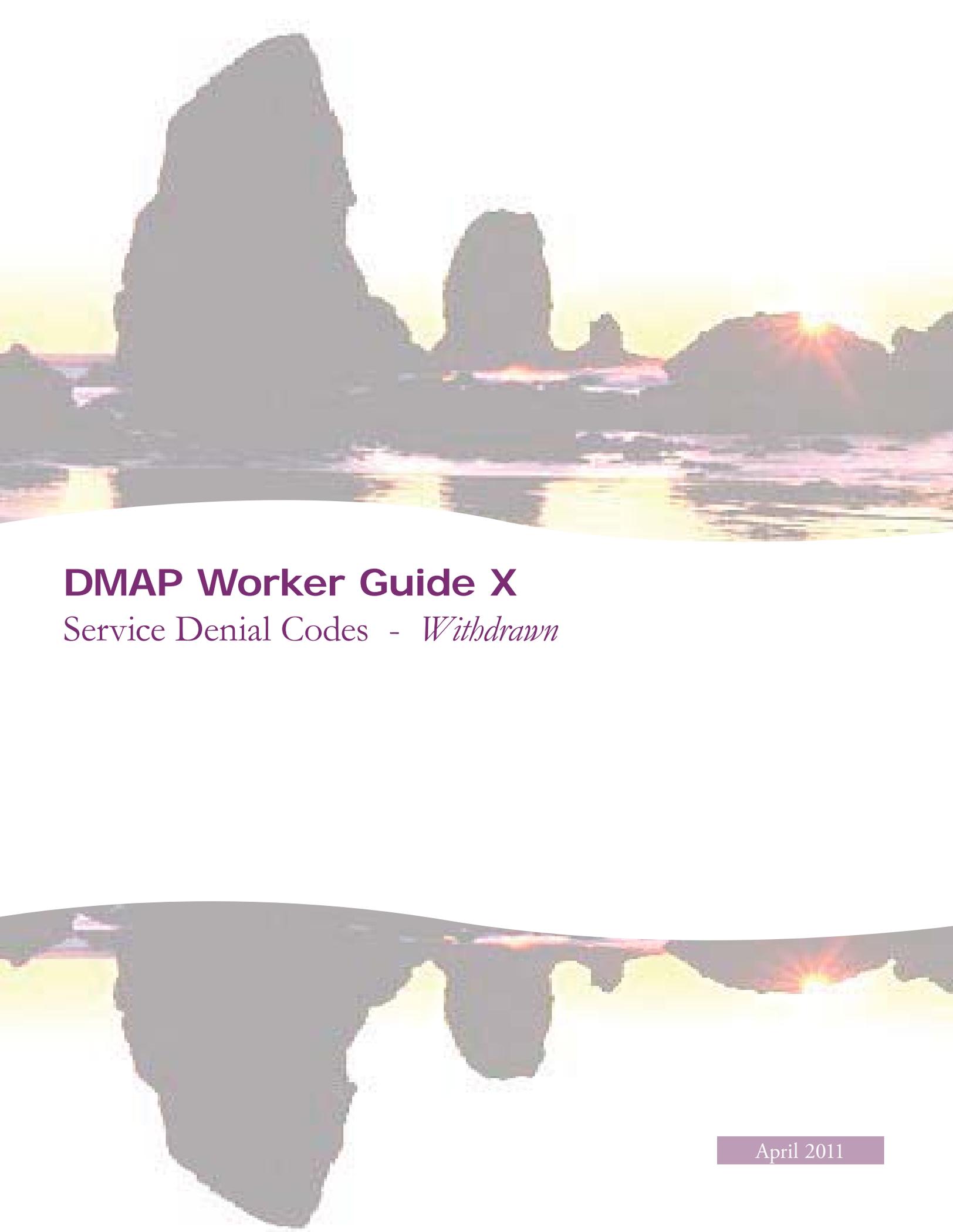
You pay for the entire prescription cost out of your pocket. You may not use both OPDP and your insurance benefit on the same prescription

Oregon Breast and Cervical Cancer (BCCP) Program

BCCP helps low-income, uninsured, and underserved women gain access to lifesaving screening programs for early detection of breast and cervical cancers. The Oregon BCCP provides screening funds to promote early detection of breast and cervical cancer among Oregon's medically under served individuals. BCCP is funded by the Centers for Disease Control and Prevention, the Susan G. Komen for the Cure Oregon and SW Washington Affiliate, and the American Cancer Society.

For information about free mammograms, call 1-877-255-7070.

For information regarding eligibility, screening and diagnostic services, call 1-877-255-7070, visit your local county health department or see www.oregon.gov/DHS/ph/bcc.



DMAP Worker Guide X

Service Denial Codes - *Withdrawn*

April 2011