

Tom van der Veen, Manager
Managed Care Delivery Systems

Number: DMAP-IM-11-058

Authorized Signature

Issue Date: 06/29/2011

Topic: Other

Subject: INFO: Renewal Reminder Kit for OHP MCO

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"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): CAF Self Sufficiency and Branch 5503 Staff |
| <input type="checkbox"/> County DD Program Managers | |

Message: DMAP is now providing Managed Care Organizations (MCOs) with a monthly list of their SSP medical program enrollees who are due to be renewed (recertified). MCOs receive the list the month before the clients' certification end date.

- OHA is encouraging MCOs to use the monthly lists to remind clients to renew their medical benefits, but it is not a requirement.

The workgroup has also provided the MCOs with a Renewal Reminder Kit (attached) the MCOs can use to help inform clients of their upcoming renewal deadline:

- The Renewal Reminder Kit indicates that a client should contact their worker or the OHP Statewide Processing Center (branch 5503) if they do not receive renewal paperwork or if they have questions about the renewal process.

If you have any questions about this information, contact:

Contact(s):	Carol Simila, DMAP		
Phone:	503-945-8837	Fax:	
E-mail:	carol.simila@state.or.us		

Oregon Health Plan

Member Renewal Reminder Kit



- 1) How Renewal Reminders Benefit Plans**
- 2) Renewal Reminder Letter Template**
- 3) Phone Script Template (Televox Version)**
- 4) Phone Script Template (General Version)**
- 5) Reminder Tips and Logistics**

Plans Can Make the Difference in Renewal of Coverage!

A strong commitment to continuity of care is essential to the service of our clients and helps to ensure that they are able to follow through with treatment plans that result in better health. While even a brief loss of coverage has lasting effects on our clients, temporary gaps in enrollment can also adversely affect plans.

One of the main effects of low renewal rates is a high degree of client “rollover,” where clients are dis-enrolled from a plan and re-enroll within a few months. Re-enrollment rates for this population can exceed 50% within 2 months of dis-enrollment, and have reached more than 80% within 6 months. Client rollover presents both high administrative costs and the possibility that plan enrollment caps will be exceeded when clients return during their re-enrollment period.

We value your dedication to keep client services at a maximum and continue to encourage clients to renew their health insurance coverage in order to maintain their enrollment.

We cannot do this without your help. Your trusted and familiar connection with clients provides a wonderful opportunity for you to remind them of the importance of renewing benefits. You can help us by making sure that every client enrolled in your plan is aware of the need to renew their benefits on a yearly basis.

Please use the information on the following pages to create a renewal reminder strategy for your clients.

Sincerely,

Tom van der Veen
Manager, Managed Care Delivery Systems

Template for Renewal Reminder Letter:

IMPORTANT INFORMATION ABOUT YOUR HEALTH COVERAGE

Your health is important and [NAME OF PLAN] wants to make sure that you keep your coverage through the Oregon Health Plan (OHP).

If you don't send in your renewal forms, OHP coverage for these people will end soon:

[NAME OF CLIENT] *Repeat as needed*

HOW TO RENEW YOUR COVERAGE

You can renew your OHP coverage by filling out and returning the renewal forms that come in the mail from the State of Oregon. You can also call the caseworker listed on your renewal form. If you have already sent in the forms, please ignore this letter.

If you did not get renewal papers in the mail and don't get them in the next week, please call your caseworker. If you do not have the number for your caseworker, you can call 1-800-699-9075; TTY 711.

YOUR CHOICES

We hope that you will keep [NAME OF PLAN] as your [MEDICAL/DENTAL] plan, but you may be able to change plans.

You can see which plans are open in your County by visiting: <http://www.oregon.gov/DHS/healthplan/managed-care/plans.shtml> or calling 1-800-359-9517 (TTY 711) and asking for a "comparison chart" for your county.

Changing plans may mean that you will need to change your [DOCTOR/DENTIST], so check with them before making a change.

QUESTIONS?

If you have questions about this letter, please call [PLAN NUMBER AND TTY]

If you have questions about your Oregon Health Plan coverage or need help with your renewal, please call 1-800-699-9075 (TTY 711).

Template for Renewal Reminder Phone Script (Televox Version):

This message is for [MEMBER NAME] about your [MEDICAL/DENTAL] coverage with [PLAN NAME]. Your coverage through the Oregon Health Plan will end soon if you don't renew.

Press 1 to hear how to renew your coverage.

Press 2 to be connected to a [PLAN NAME] customer service representative.

When option 1 is pressed:

You can renew your Oregon Health Plan coverage by filling out and returning the renewal forms that come in the mail from the State of Oregon. You can also call the caseworker listed on your renewal forms. If you have already sent in the forms, please ignore this call.

If you did not get renewal papers in the mail and don't get them in the next week, please call 1-800-699-9075.

We hope that you will keep [NAME OF PLAN] as your [MEDICAL/DENTAL] plan, but you may be able to change plans depending on where you live and what plans are open for new members. Your renewal forms should include information on where to find open plans in your County.

Changing plans may mean that you will need to change your [DOCTOR/DENTIST], so check with them before making a change.

Message left on answering machine after 3 attempts to reach:

This message is for [MEMBER NAME], about a change to your [MEDICAL/DENTAL] coverage with [PLAN NAME]. Please contact us at [PLAN NUMBER AND TTY] to learn about how you can renew your coverage.

Template for Renewal Reminder Phone Script (General Version):

This information is for [MEMBER NAME] about your [MEDICAL/DENTAL] coverage with [PLAN NAME]. Your coverage through the Oregon Health Plan will end soon if you don't renew.

You can renew your Oregon Health Plan coverage by filling out and returning the renewal forms that come in the mail from the State of Oregon. You can also call the caseworker listed on your renewal forms. If you have already sent in the forms, please ignore this call.

If you did not get renewal papers in the mail and don't get them in the next week, please call 1-800-699-9075.

We hope that you will keep [NAME OF PLAN] as your [MEDICAL/DENTAL] plan, but you may be able to change plans depending on where you live and what plans are open for new members. Your renewal forms should include information on where to find open plans in your County.

Changing plans may mean that you will need to change your [DOCTOR/DENTIST], so check with them before making a change.

Renewal Reminder Tips and Logistics

1) How do I access the list of members coming up for renewal?

Each plan has an SFTP mailbox where the file is sent on a monthly basis. The list should be sent to your SFTP mailbox the beginning of the third week of each month, with members listed whose benefits close at the end of the following month. The beginning of the file name is “Redeterm_” followed by the year and month for which the list was pulled.

If you need help accessing the file from you SFTP mailbox, please contact your technical staff. For general questions on the file itself, please contact Carol Simila at Carol.Simila@state.or.us.

2) How do I get my renewal reminder letter or phone script approved for use?

All reminder letters and phone scripts must be approved by Carol Simila, Materials Coordinator with DMAP, before they are sent. Carol can be contacted at Carol.Simila@state.or.us. If you follow the templates provided on the previous pages, the approval will be expedited.

3) When should I mail the renewal reminder letters?

We recommend that you mail the Renewal Reminder notices as soon as you receive the Redetermination file from DMAP, which is around 45 days of your members’ OHP renewal deadline. This should assure that they receive your reminder shortly before or along with the renewal paperwork from the state.

4) When should I make renewal reminder phone calls?

We recommend that you make renewal reminder phone calls within the same time frame: around 45 days before your members’ OHP renewal deadline.