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Authorized Signature

Issue Date: 6/28/2013

Topic: Medical Benefits

Subject: Staff resources about Medical Transportation changes for July 1

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 and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

The following “talking points” and Client Handbook errata were created to convey the changes happening in the DMAP Medical Transportation Program, effective July 1, 2013.

The talking points will help staff taking client telephone calls asking about the changes. Basically they may want to know why this is happening and what changes for them. Please review the talking points and contact the Policy Analyst below if you have questions.

The Client Handbook errata will be posted within the handbook here <http://www.oregon.gov/oha/healthplan/Pages/clients/main.aspx> showing the changes in a different way. An errata typically shows only changes from the previous version of the handbook, however, you may see repeated information on Medical Transportation to help avoid confusion.

If you have any questions about this information, contact:

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Talking Points regarding changes to transportation-related client reimbursement

DHS/OHA staff use this document to answer questions you receive from clients about the upcoming changes to client reimbursement for transportation expenses. An announcement was mailed to approximately 1,300 clients who have received reimbursement for medical transportation expenses within the last six months.

What is changing

Starting July 1, 2013, you will need to ask your local transportation brokerage to approve and repay you for any related travel expenses needed to receive OHP-covered services.

- DHS branch offices that have already approved travel costs for a trip you are taking after July 1, will pay for it. However, beginning July 1, you must ask your local transportation brokerage for prior approval and repayment for future travel.
- Until July 1, you will still get approval and reimbursement from your DHS branch office for meals, lodging and mileage needed to travel to your covered health care visits.

Note: Not all brokerages are assuming this responsibility on July 1. Use the chart at the end of this document to verify if a client should contact their branch office or brokerage. By January 1, 2014, all brokerages will assume these duties.

Why are you making this change?

Brokerages are in business to coordinate and arrange transportation. They:

- Conduct a greater number of eligibility screenings for transportation requests than branch offices.
- Are very familiar with program rules and policies.
- Help assure clients are treated consistently, while verifying policies are followed.

Brokerages may also reimburse you quicker than branch offices.

My branch office already approved my transportation costs – what do I do now?

If your branch office agreed to reimburse you for travel after July 1, contact them for reimbursement. Remember to contact your local brokerage for future travel.

Will I receive the same reimbursement that I've gotten from my branch?

Brokerages follow the same policies, rules and procedures as branch offices. They reimburse the amount that DHS/OHA sets. Currently that is:

Private Car Mileage – \$.25 per mile

Meals – \$12.00 per day

Breakfast – \$3.00

Lunch – \$3.50

Dinner – \$5.50

Lodging – \$40.00 per night

Note: *Child Welfare clients may receive additional reimbursements. Have the caller contact their worker if they ask about any other expenses for which they've been reimbursed.*

I'm a foster parent and receive reimbursement for things that the brokerages may not cover

Talk to your worker about payment for *anything* that is not related to non-emergency transportation.

I don't know who my local brokerage is

Call Center Rep or branch staff member:

- Use the following chart to answer this question.
- **Note:** Not all brokerages are authorizing/reimbursing clients on July 1. The chart shows, by county, the areas where brokerages are assuming these duties and where they are not and the branches will continue to be responsible.



July 1, 2013

Update your OHP Client Handbook

If you need help to update your handbook or need a different format or language, please ask your worker or call 1-800-699-9075.

Page 2: Prioritized List of Health Services

- The Oregon Health Evidence Review Commission now updates this list.

Page 3: OHP Plus and OHP with Limited Drug vision benefit reduced

- Non-pregnant adults age 21 years or older do not receive routine vision testing and eyeglasses.
- Pregnant adults age 21 years or older receive these services as part of the OHP Plus Supplemental benefit package.

Pages 4 and 5: Copayment amounts have been reduced

- Copayments on many prescription drugs have been reduced or eliminated. Copayments are \$0 - \$3. Your pharmacy knows the correct copayment and will charge you the reduced amount.

Page 5: OHP Standard benefit added - effective Jan. 1, 2012

- OHP Standard now covers scheduled, medically appropriate, inpatient and outpatient hospital care and surgeries, in addition to emergency hospital services.

Pages 7 and 49: Phone number for OHP Premium Billing Office

- The phone number is 1-888-647-2729.

Page 7: Benefit packages - CAWEM Plus benefit package available in some counties

- Eligibility: The program helps pregnant women receiving CAWEM benefits who live in the following counties:
 - Benton
 - Clackamas
 - Columbia
 - Crook
 - Deschutes
 - Douglas
 - Hood River
 - Jackson
 - Jefferson
 - Lane
 - Morrow
 - Multnomah
 - Union
 - Wasco
- Benefits: CAWEM Plus covers all OHP Plus benefits except for sterilizations, therapeutic abortions, hospice services, and Death with Dignity services.

Page 7: Benefit packages - OHP Plus Supplemental available to pregnant adults

- Eligibility: The program helps pregnant adults age 21 or older who receive OHP benefits. If you become pregnant, let your caseworker know.
 - Benefits: Routine vision testing and eyeglasses; some additional dental services.
-

Page 8: Health care services

See page 2 of your coverage letter (not your Medical Care ID) to find out what type of coverage you have.

Page 10: Quick Reference Benefit Chart - Attached (updated Jan. 2013)

Page 11: Benefit packages - OHP Plus Supplemental available to pregnant adults

- Eligibility: The program helps pregnant adults age 21 or older who receive OHP benefits. If you become pregnant, let your caseworker know.
 - Benefits: Routine vision testing and eyeglasses; some additional dental services.
-

Pages 11 and 12 - Chemical dependency Substance Use Disorder Treatment (replace with the following):

Chemical dependency is now called chemical dependency Substance Use Disorder.

Outpatient treatment and methadone services medication treatment

OHP covers outpatient treatment and methadone medication treatment such as; Methadone, Suboxone, Buprenorphine, Vivitrol and other medications services that help reduce the use of or abstain from alcohol or other drugs.

Some of the outpatient treatment services are:

- Screening and assessment
- Acupuncture
- Detoxification
- Individual and group counseling
- Medication
- Family/couple counseling
- Physical examination
- Urine Analysis (UAs)

Residential treatment services

OHP covers residential treatment services including treatments provided in a 24-hour care facility, for both adults and youth. There are residential treatment facilities that allow parents to bring their young children to treatment with them. Some of the residential treatment services are:

- Screening and assessment
 - Acupuncture
 - Detoxification
 - Individual and group counseling
 - Medication
 - Family/couple counseling
 - Physical examination
 - Urine Analysis (UAs)
-

Page 12: Oregon Tobacco Quit Line telephone number

- English: 800-QUIT NOW (800-784-8669)
 - Español: 877-2 NO FUME (877-266-3863)
 - TTY: 877-777-6534
-

Page 13: Pregnancy care coverage

- Pregnant OHP clients receive services under OHP Plus, OHP with Limited Drug and OHP Plus Supplemental.
 - In some counties, pregnant CAWEM clients receive services under CAWEM Plus.
-

Pages 15, 16 and 17: Medical Identification Card - *Attached (3 pages)*

- The Medical Care ID is now called the Oregon Health ID. You can still use your DHS Medical Care ID.
 - The state only issues the ID when you are new to OHP, your name changes, or your ID number changes.
 - The coverage letter (not the ID) shows your branch office name, phone number, your worker's code, and the benefit package, copayment and plan information for everyone in your household.
-

Page 18 - Medical Transportation Services

Keeping your health care appointments is important. If you do not have your own transportation, you might:

- Take the bus.
- Ask a friend or relative to drive you.
- Find a volunteer from a community service agency.
- Call the transportation brokerage call center that serves OHP clients free of charge in your county.

In some cases, you may be reimbursed for medical transportation expenses. You need to get approval for reimbursement before you go to your health care appointment.

To get approval for reimbursement for medical transportation expenses:

- Contact your DHS branch office if you live in the following counties:

Baker	Clackamas	Crook	Deschutes
Grant	Harney	Jefferson	Malheur
Marion	Multnomah	Polk	Union
Wallowa	Washington	Yamhill	

- For all other counties, contact the transportation brokerage listed on the attached chart.

Page 18: Lane County medical transportation telephone number

Note: Transportation brokerage services are available at no cost to clients who don't have other transportation resources or options and have OHP Plus, OHP Plus Supplemental, CAWEM Plus, or OHP with Limited Drug benefits.

- RideSource (Lane County), call 541-682-5566 or 1-877-800-9899 (TTY 800-735-2900)

Page 18: Oregon Tobacco Quit Line telephone number

- English: 800-QUIT NOW (800-784-8669)
- Español: 877-2 NO FUME (877-266-3863)
- TTY 877-777-6534

Page 19: Service delivery

To find out if you are in a managed care plan or coordinated care organization, look at your coverage letter (not your Medical ID).

Check the "Date of issue" on page 1, and the Managed Care/TPR enrollments field on pages 2 and 3 of your coverage letter, to make sure nothing has changed.

Your worker's phone number is on page 1 of your coverage letter.

Page 19: Pregnancy care coverage

- Pregnant OHP clients receive services under OHP Plus, OHP with Limited Drug and OHP Plus Supplemental.
- In some counties, pregnant CAWEM clients receive services under CAWEM Plus.

Pages 20, 21 and 23: Phone contact updates

If you have a complaint about the way you were treated at a health care appointment, call DMAP Client Services at 1-800-273-0557 (TTY 711).

24/7 Nurse Advice telephone number

- Page 20: 24/7 Health Care Advice, call 1-800-562-4620
- Page 21: Urgent Care Advice, call 1-800-562-4620
- Page 23: Disease or Case Management Program, call 1-800-562-4620

Page 24: Pharmacy Benefit Management Program

Your assigned pharmacy will show in the Managed Care/TPR enrollments field on pages 2 and 3 of your coverage letter (not on your Medical ID).

Page 25: Longer hours for the OHP home-delivery pharmacy

- Customer service is available Monday through Friday, 7:30 a.m. to 5:30 p.m.
-

Page 28: Managed care

- If you are in managed care, you may be enrolled in one or more of the following:
 - Coordinated care organization (CCOA), for coordinated physical, dental and mental health care
 - Coordinated care organization (CCOB), for coordinated physical and mental health care
 - Fully capitated health plan, physician care organization (PCO) or primary care manager (PCM), for physical health care
 - Dental care organization, for dental care
 - Mental health organization or coordinated care organization (CCOE), for mental health care
 - Coordinated care organization (CCOG), for dental and mental health care
 - Managed care organizations may charge copayments. Pregnant clients or clients under age 19 do not pay copayments.
 - Your managed care plan(s) or primary care manager are listed on your coverage letter (not your Medical Care ID). For each family member, match the Managed Care/TPR enrollments letter on page 2 with the information listed on page 3.
-

Page 33: Labor and delivery

Check page 2 of your coverage letter (not your Medical ID) to make sure your newborn is listed.

Page 34 - Problems with your health care services

Your managed care plan's phone number is listed on page 3 of your coverage letter (not on the Medical ID).

Pages 36 and 37: Hearing rights updated for managed care members

- Health plan members may now ask for a DMAP hearing and/or appeal with the plan at the same time.

Page 38: Advance Directives complaint address

- File Advance Directive non-compliance complaints with the State Survey and Certification office:

Health Care Regulation and Quality Improvement
Office of Community Health and Health Planning
Oregon Health Authority
800 NE Oregon Street, Suite 305
Portland, OR 97232
971-673-0546; fax 971-673-0556

Page 40: Who to call for help

Also call your worker if you have not received your coverage letter, or if the coverage letter is wrong.

Your worker's identification code and telephone number are listed on page 1 of your coverage letter (not on the Medical ID).

Page 42: Division of Child Support address, phone, and fax number

Find the address, phone and fax number of your local Child Support office on the Division's website at www.oregonchildsupport.gov.

- Toll free 1-800-850-0228
 - TTY 1-800-735-2900
-

Page 42: Estates Administration Unit phone number

Their Salem phone number is now 503-378-2884.

Pages 44, 45, 46, 47 and 48: Notice of Privacy Practices revised

- The Notice of Privacy Practices now includes information about the Oregon Health Authority (OHA).
- The Notice of Privacy Practices will tell you how the Department of Human Services (DHS) and OHA may use and disclose health information about you.
- Your health information may be shared between DHS, OHA and your health care providers to determine eligibility, coordinate your care and for treatment, payment and health care operations.
- To get the Notice of Privacy Practices:
 - Find the form online at <https://apps.state.or.us/Forms/Served/me2090.pdf>
 - Pick one up at a DHS office (call 1-800-699-9075 for locations)
 - Call the OHP Central Processing Center at 1-800-699-9075, Monday to Friday, 7 a.m. to 6 p.m.

Oregon Health Plan benefit packages

Covered services		OHP Plus - Children/individuals (age 0-20) OHP Plus - Supplemental OHP with Limited Drug* CAWEM Plus**	OHP Plus - Non-pregnant adults, 21 and older	OHP Standard
Acupuncture		Covered	Covered	Limited
Chemical dependency		Covered	Covered	Covered
Dental	Basic services including cleaning, fillings and extractions	Covered	Covered	
	Urgent/immediate treatment	Covered	Covered	Covered
	Other services	Covered	Limited	
Hearing aids and hearing aid exams		Covered	Covered	
Home health; private duty nursing		Covered	Covered	
Hospice care		Covered (except for CAWEM Plus)	Covered	Covered
Hospital care	Emergency treatment	Covered	Covered	Covered
	Inpatient/outpatient care	Covered	Covered	Covered
Immunizations		Covered	Covered	Covered
Labor and delivery		Covered	Covered	
Laboratory and X-ray		Covered	Covered	Covered
Medical care from a physician, nurse practitioner or physician assistant		Covered	Covered	Covered
Medical equipment and supplies		Covered	Covered	Limited
Medical transportation		Covered	Covered	Emergency only
Mental health		Covered	Covered	Covered
Physical, occupational and speech therapy		Covered	Covered	
Prescription drugs		Covered	Covered	Covered
Vision services	For medical care	Covered	Covered	Covered
	For improved vision (e.g., glasses)	Covered	Limited	

* Drug coverage for OHP with Limited Drug only includes drugs that are not covered by Medicare Part D.

** CAWEM Plus **does not cover** hospice care, Death with Dignity services, abortions or sterilizations.

Other medical assistance benefit packages

- **CAWEM** - Covers emergency medical, emergency dental and emergency transport services only, including labor and delivery.
- **QMB** - Only covers Medicare premiums, copayments (except for Medicare Part D) and deductibles.

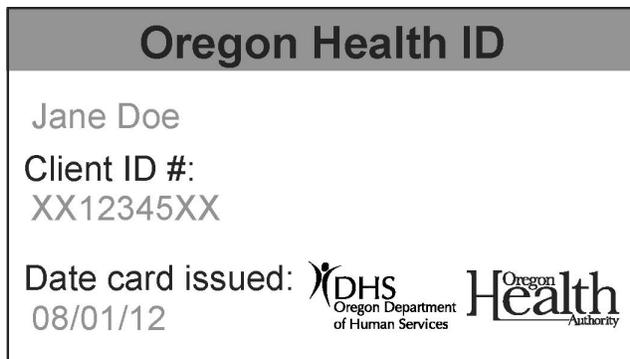
See your OHP Client Handbook for details.
To order a handbook, call 1-800-699-9075.



Oregon Health Identification (ID)

The Oregon Health ID is the size of a business card. It lists your name, client ID number and the date it was issued.

Every person who is eligible in your household receives their own Oregon Health ID.



Front



Back

Take your Oregon Health ID to all health care appointments. Providers use the information on the card to check your eligibility.

A new ID card will not be sent unless your name changes, your ID number changes, or you ask for a replacement ID card.

Coverage letter

The coverage letter is for your information only. You do not need to take it to your health care appointments. You will get a new letter when:

- You are new to the Oregon Health Plan;
- You have a new managed care plan, Primary Care Manager or Third Party Resource (TPR - other health care coverage, such as Medicare);
- You get a new ID card; or
- Your benefits, address, or household members have changed.

Sample coverage letter

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 your 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 your 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.

Reason for letter:

Managed care plan or Primary Care Manager enrollment changed for:

DOE, JOHN – 08/01/2012

DOE, JANE – 08/01/2012

DOE, TIMOTHY – 08/01/2012

How to read the sample coverage letter

Page 1 (sample on previous page)

This page shows your worker's ID and phone number, and why you got the letter.

Page 2 (sample below)

This page lists the benefit package, copayment requirements and managed care or TPR enrollment for everyone in your household who is eligible for benefits.

Name	Date of birth	Client ID#	Co pay?	Benefit Package	Managed Care/TPR enrollments
John Doe	01/01/1968	XXXXXXXX	No	OHP Standard	A, B
Jane Doe	02/01/1968	XXXXXXXX	No	OHP with Limited Drug	B, C, E
Timothy Doe	03/01/2006	XXXXXXXX	No	OHP Plus	D

Page 3 – Managed Care/TPR Enrollment (sample below)

This page lists the names and phone numbers for managed care plans and TPR. TPR is other health coverage, such as private insurance, Medicare, or an assigned pharmacy.

A	CCOB - Mental and Physical COORDINATION INC 800-555-1212	B	Dental Care Organization QUALITY CARE 866-555-1212	C	Mental Health Organization HEALTHY MIND CARE 888-555-1234
D	Private Maj Med/Rx/Den BLUE CROSS OF OREGON Pol # 12345ABC789	E	Medicare Part - A MEDICARE NW - PART A	F	

The sample shows the following coverage information:

John – Does not pay copayments, has OHP Standard benefits and is enrolled in:

- **A** – Coordinated Care Organization: Coordination Inc., for physical and mental health care
- **B** – Dental Care Organization: Quality Care, for dental care

Jane – Does not pay copayments, has OHP with Limited Drug benefits and is enrolled in:

- **B** – Dental Care Organization: Quality Care
- **C** – Mental Health Organization: Healthy Mind Care
- **E** – Medicare Part A: Medicare NW, for hospital care

Timothy – Does not pay copayments, has OHP Plus benefits and is not enrolled in any OHP managed care plans because he has private health insurance:

- **D** – Private Health Insurance: Blue Cross of Oregon, for physical health care, dental health care and prescription coverage

Transportation Brokerages

Use the brokerage in your county to ask for approval and receive reimbursement for your medical transportation costs.

Counties served	Brokerage
Benton Linn Lincoln	Cascades West Ride Line Cascades West Council of Governments Phone: 541-924-8738 Toll-free: 866-724-2975
Baker* Jefferson* Crook* Malheur* Deschutes* Union* Grant* Wallowa*	Cascades East Ride Center Central Oregon Intergovernmental Council Phone: 541-385-8680 Toll-free: 866-385-8680
Lane	RideSource Call Center Lane Transit District Phone: 541-682-5566 Toll-free: 877-800-9899
Gilliam Umatilla Hood River Wasco Morrow Wheeler Sherman	Transportation Network Mid-Columbia Council of Governments Phone: 541-298-5345 Toll-free: 877-875-4657
Coos Josephine Curry Klamath Douglas Lake Jackson	TransLink Rogue Valley Transit District Phone: 541-842-2060 Toll-free: 888-518-8160
Marion* Polk* Yamhill*	TripLink Salem Area Mass Transit District Phone: 503-315-5544 Toll-free: 888-315-5544
Clatsop Columbia Tillamook	Northwest Ride Center Sunset Empire Transit District Phone: 503-861-7433 Toll-free: 866-811-1001
Clackamas* Multnomah* Washington*	Transportation Services Tri-Met Phone: 503-802-8700 Toll-free: 800-889-8726

**Note: The brokerage in these counties will not be providing client reimbursement on July 1, 2013. They may delay until January 1, 2014.*

For TTY/Relay Service, dial 711.