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Delivery System Support Unit

Number: OHP-IM-16-023

Authorized Signature

Issue Date: 06/03/2016

Topic: Medical Benefits

Subject: Changes to Oregon Health Plan (OHP) benefit coverage effective July 1, 2016

Applies to:

- | | |
|------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input checked="" type="checkbox"/> Aging and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): Health Systems |
| <input type="checkbox"/> County DD Program Managers | Medicaid/CHIP staff |

Message:

Starting July 1, 2016, the Oregon Health Plan (OHP) will have the following changes to its benefit coverage:

- **Some more dental benefits for non-pregnant adults** – To learn more, [read our provider letter](#) (issued May 31, 2016 to 1,100 dental providers) and [talking points](#).
- **Coordinated care organizations (CCOs) will cover applied behavior analysis services for CCO members** – To learn more, [read our provider letter](#) (issued May 3, 2016 to 72 ABA providers) and [talking points](#).
- **Technical changes to the Prioritized List of Health Services to expand coverage for treatment of back conditions** – To learn more, read the Health Evidence Review Commission’s [fact sheet](#) and [technical changes summary](#).

If you have any questions about this information, contact:

Dental questions:	Sarah Wetherson, Policy Analyst; sarah.e.wetherson@state.or.us
ABA questions:	Lea Forsman, Policy Analyst; lea.forsman@state.or.us
Prioritized List questions:	Health Evidence Review Commission, herc.info@state.or.us

Oregon Health Plan



Talking points about OHP Plus dental coverage for non-pregnant adults starting 7/1/2016

Last updated 5/31/2016

Background info

Starting July 1, 2016, if the person's dentist orders it, the Oregon Health Plan (OHP) will cover the following benefits for non-pregnant adults with OHP Plus (BMM, BMD, BMH) benefit packages:

- Gum disease (periodontal) care every 6 months
- Deep cleaning for gum disease every 2 years
- Stainless steel crowns on back teeth (molars)
- Full dentures every 10 years and partial dentures every 5 years no matter how long the person has been without teeth. Even if dentures were denied in the past, on or after 7/1/2016, they may be covered if the person's dentist orders them.

Letter to affected members (mailed May 31, 2016)

The Oregon Health Authority (OHA) mailed [a letter to approximately 18,000 members who receive dental services on a fee-for-service basis](#). The letter explains which dental services will be available starting July 1, if dentally appropriate.

CCOs will also notify their members about the change.

Questions and answers

What is changing?

Covered dental services for adults age 21 and over are increasing. Starting July 1, 2016, if the person's dentist orders it, OHP will also cover these:

- Gum disease (periodontal) care every 6 months
- Deep cleaning for gum disease every 2 years
- Stainless steel crowns on back teeth (molars)
- Full dentures every 10 years and partial dentures every 5 years no matter how long the person has been without teeth. Even if dentures were denied in the past, on or after 7/1/2016, they may be covered if the person's dentist orders them.

Who does this affect?

This change is for non-pregnant adults age 21 and over who are on OHP (benefit packages BMM, BMD or BMH).

Pregnant women and children under 21 already have these benefits, and that will not change. Pregnant women get these benefits under benefit packages CWX or BMP.

The coverage letter we sent you after you enrolled in OHP show the benefit packages you have.

Why was I told OHP doesn't cover dentures?

In the past, OHP only covered dentures for adults up to 6 months after losing their teeth. If you lost your teeth more than 6 months before your dentist ordered them, dentures weren't covered. On July 1, 2016, that will change – you may get dentures if your dentist orders them no matter how long ago you lost your teeth.

Can these services ever be denied?

Yes, they can be denied if they are not right for you or if it is too soon to replace your last set of dentures. You can ask your dentist to explain why. You can appeal a denial through your CCO's or dental plan's appeal process, and ask for a state fair hearing through OHA.

Why is this changing now?

OHA received money to expand dental coverage for adults on OHP.

Oregon Health Plan



Talking points about applied behavior analysis coverage for coordinated care organization members starting 7/1/2016

Last updated 5/31/2016

Background info

On January 1, 2015, the Oregon Health Authority (OHA) added applied behavior analysis (ABA) services as a covered benefit for Oregon Health Plan (OHP) members with a diagnosis of autism spectrum disorder or self-injurious behavior due to a neurological dysfunction. This benefit was paid by OHA on a fee-for-service basis for all eligible members.

Starting July 1, 2016, CCOs will coordinate these services for their members.

Communication to affected members

CCOs will notify their members about this change.

Questions and answers

What is changing?

Starting July 1, 2016, CCOs will cover ABA services. The services must be ordered by a doctor or psychologist.

Now all ABA services are approved and paid for by the Oregon Health Authority (OHA). Starting July 1, 2016, CCOs will cover their members' ABA therapy.

OHA will still approve and pay for ABA services for people who are not in a CCO.

Are ABA services changing?

No, ABA benefits covered by OHP will stay the same. The change is in who approves and pays for ABA services. For people in CCOs, the CCO will approve and pay for them. For people who are not in a CCO, OHA will approve and pay for them, the same as now.

Why is this changing?

CCOs must coordinate all their members' medical, dental, mental and behavioral health care needs. This change allows CCOs to get information about their members' ABA service needs. This will help them coordinate all their members' health care.

Can a CCO stop or change ABA services that OHA approved?

A CCO cannot stop or change a course of ABA treatment that OHA has approved, even if it continues past July 1, 2016, for up to 90 days. You can finish ABA treatment that OHA approved.

On and after July 1, 2016, your doctor will need to ask your CCO to approve new sessions of ABA. Your CCO will tell you if it has a different approval process. If your CCO stops or reduces your services, you can appeal it through your CCO's appeal process, and ask for a state fair hearing through OHA.

Can I keep my ABA provider?

Most members will be able to keep their own provider. Please contact your CCO to see if they have a contract with your ABA provider.

Questions?

Please call your CCO or your ABA provider with questions about ABA services and coverage. If you are not in a CCO, you can call OHP Client Services.