DHS Oregon Department of Human Services

Health Services
Office of Medical Assistance Programs

Information Memorandum Transmittal

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Authorized Signature

Number: OMAP-IM-04-063

Issue Date: **6/29/04**

Topic: Medical Benefits

Subject: Client and Provider Notices regarding Reduction in benefit for OHP Plus and Standard clients and Changes to OHP Standard benefit package

Applies to (check all that apply):

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

Message: OMAP is sending the following notices about upcoming changes, effective 8/1/04:

Notice 1 - client notice
We are sending this notice with all July Medical Care IDs, informing clients the we are reducing the number of services covered on the Prioritized List of Health Services from 549 to 546.

Notice 2 - client notice
We are sending this notice with the July Medical Care IDs to households with clients on the Standard benefit package. The notice informs Standard clients of changes to their coverage.

Notice 3 - provider notice
We are sending this notice to all OMAP medical assistance providers. The notice summarizes the information in the two client notices, informs providers about the closure of the OHP Standard benefit package to new enrollment on July 1, and reminds providers not to charge copayments to OHP Standard clients.

If you have any questions about this information, contact:

Contact(s):	Mary Greipp		
Phone:	(503) 945-6033		
E-mail:	Mary.E.Greipp@state.or.us	**Fax:**	

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Important Information

OHP Coverage is Changing

This information is for OHP Plus and OHP Standard Benefit Package clients

Look at Field 9b of your OMAP Medical Care ID. This information is for clients who have an "A" or "B" in Field 9b.

In its last session, the Oregon Legislature made several changes to the Oregon Health Plan (OHP). The following changes will begin August 1, 2004.

Prioritized List of Health Services

Funding for the OHP is based on the Prioritized List of Health Services.

This is a list of medical conditions and their treatments. The most effective services are at the top of the list. The least effective are at the bottom.

There are 730 services on the list. The Office of Medical Assistance Programs (OMAP) pays for the first 549 services at this time.

Beginning August 1, 2004, OMAP will only cover the first 546 services on the list.

None of the services being dropped are for life-threatening conditions.

Some of the conditions that will no longer be covered are treatment for:

- acute conjunctivitis (pink eye)
- foreign body in ear and nose, serious earwax impaction
- problems with balance like dizziness (vertigo).

The visit to the doctor to find out what is wrong is still covered, even if the treatment is not. Treatment for a condition below line 546 may be provided only if it is directly related to another condition above the line. Your doctor will know if this applies to you.

Hearings are Limited

When the change in the number of covered services is directed by the legislature that specific process has no rights for a Hearing.

However, if you are currently under a physician's care for one of the conditions that will no longer be a covered benefit after August 1, 2004, you have a right to request an Administrative Hearing. All OHP Plus and Standard clients have a right to request a hearing if you are denied services and your health condition is above line 546 or your health condition is directly related to a covered condition that is above line 546.

To request a hearing, fill out form DHS 443, "Administrative Hearing Request." You can get one from any DHS or Area Agency on Aging (AAA) office or by calling your worker.

If you are in a managed care plan and you are currently under a physician's care for one of the conditions that will no longer be covered, you have the right to ask for an Appeal from the plan listed on your OMAP Medical Care ID.

If you ask for a hearing, you may have another person speak on your behalf or have an attorney represent you.

The state cannot pay the costs for an attorney or witnesses. A Legal Aid Office or the local Bar Association may be able to help you.

Questions?

☎ If you have any questions about this information, call the OMAP Client Advisory Services Unit at 1-800-273-0557, or TTY 1-800-375-2863.

☎ If you need this information in a larger print size or different format, call your worker.

Oregon HEALTH PLAN

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Important Information

OHP Standard Benefit Package is Changing

This information is only for OHP Standard benefit package clients

Look at Field 9b of your OMAP Medical Care ID. Any member of your household who has a "B" in Field 9b (Benefit Package) is on the OHP Standard benefit package.

On August 1, 2004, the Department of Human Services (DHS) will remove some benefits and add other benefits to the OHP Standard benefit package. These changes are a result of legislative decisions.

We have informed your health care providers of the changes in coverage.

Services dropped

We will **drop** the following services from the OHP Standard benefit package on August 1, 2004:

- Hospital services that are not for urgent or emergency care
- Acupuncture, except for treatment of chemical dependency
- Chiropractic and osteopathic manipulation
- Home health care
- Nutritional supplements taken by mouth
- Occupational therapy
- Physical therapy
- Private duty nursing
- Speech therapy

Prior Authorizations will be canceled

Some services need special approval (prior authorization). Services which are dropped will **not** be covered, even if they have been prior authorized.

What *will* be covered?

On August 1, the OHP Standard benefit package will cover:

- **Emergency** dental services (we will not cover things like teeth cleaning, orthodontia, fillings or other routine services) - *new on 8/1/04*
- Some medical equipment and supplies - *new on 8/1/04* - limited to:
  - ✓ diabetic supplies (including blood glucose monitors),
  - ✓ respiratory equipment (CPAP, BiPAP, etc.),
  - ✓ oxygen equipment (things like concentrators and humidifiers)
  - ✓ ventilators
  - ✓ suction pumps
  - ✓ tracheostomy supplies
  - ✓ urology and ostomy supplies
- Outpatient chemical dependency - *new on 8/1/04*
- Outpatient mental health - *new on 8/1/04*
- Emergency transportation - Ambulance
- Emergency/urgent hospital services
- Hospice care
- Lab and X-ray services
- Physician services
- Prescription drugs

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Hearings are limited

No hearing will be given if you are asking for one because of the changes to your health care coverage.

To request a hearing for some other reason, fill out form AFS 443, "Administrative Hearing Request." You can get one from any DHS or Area Agency on Aging (AAA) office or by calling your worker.

If you ask for a hearing, you may have another person speak on your behalf or have an attorney represent you.

The state cannot pay the costs for an attorney or witnesses. A Legal Aid Office or the local Bar Association may be able to help you.

No changes for OHP Plus

Clients on the OHP Plus benefit package have a higher level of benefits. To be on the OHP Plus benefit package, you must be:

- Pregnant, or
- Under age 19, or
- Receiving Temporary Assistance to Needy Families (TANF), or
- Receiving SSI, or
- Age 65 or older, blind, or disabled and receiving income at or below the SSI Standard, or
- Age 65 or older, blind, or disabled and receiving Department paid long-term care services.

Contact your worker if you believe you should be on the OHP Plus benefit package.

Questions?

☎ If you have any questions about this information, call the OMAP Client Advisory Services Unit at 1-800-273-0557, or TTY 1-800-375-2863.

☎ If you need this information in a larger print size or different format, call your worker.

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Upcoming Changes to the OHP

Reduction in Benefits

OHP Standard Benefit Package is Changing

The Department of Human Services (DHS) is making the following changes to the Oregon Health Plan (OHP).

Lines of coverage on the OHP Prioritized List reduced - *effective August 1, 2004*

The number of covered lines of conditions and treatments on the Prioritized List of Health Services will be reduced from 549 to 546. *This change affects coverage to clients on the OHP Plus and OHP Standard benefit packages.*

None of the services being dropped are for life-threatening conditions.

Treatment for the following conditions will no longer be covered:

- 547 - Acute Conjunctivitis
- 548 - Cerumen Impaction, Foreign Body in Ear and Nose
- 549 - Vertiginous Syndromes and Other Disorders of Vestibular System

Services to determine a diagnosis are still covered, even if the treatment is not.

Treatment for a condition below line 546 is covered only if it is directly related to a comorbid condition above the line and meets the requirements of OAR 410-141-0480.

Existing prior authorizations for the above services will be canceled for dates of service on or after August 1, 2004.

Standard benefit package coverage changes - *effective August 1, 2004*

Services dropped

The following services will be **removed** from the OHP Standard benefit package:

- Acupuncture, except for treatment of chemical dependency
- Chiropractic and osteopathic manipulation
- Oral nutritional supplements
- Home health care
- Hospital services that are not for urgent or emergency care
- Occupational therapy
- Physical therapy
- Private duty nursing
- Speech therapy

Existing prior authorizations for the above services will be canceled for dates of service on or after August 1, 2004.

Services Added

The following services will be ***added*** to the OHP Standard benefit package:

- Outpatient mental health and chemical dependency services
- Some medical equipment and supplies, limited to:
  - ✓ diabetic supplies (including blood glucose monitors)
  - ✓ respiratory equipment (e.g., CPAP, BiPAP)
  - ✓ oxygen equipment (e.g., concentrators and humidifiers)
  - ✓ ventilators
  - ✓ suction pumps
  - ✓ tracheostomy supplies
  - ✓ urology and ostomy supplies
- Emergency dental services. The OHP Standard benefit package will **not** cover things such as teeth cleaning, orthodontia, fillings, and other *routine* services.

OMAP Administrative Rules

OMAP Administrative Rules will be amended to reflect the move in the coverage line of the Prioritized List and changes to the OHP Standard benefit package. We will notify you when rules are amended and posted on the DHS Web site at:

http://www.dhs.state.or.us/policy/healthplan/guides/index.html

Enrollment of *new* clients in OHP Standard benefit package ends - effective July 1, 2004

Due to budget constraints, it has become necessary for the Department to close the OHP Standard benefit package to enrollment of new clients on July 1. At this time, clients currently receiving OHP Standard benefits will continue to be enrolled if they maintain their premium payments, reapply on time, and are found eligible.

OHP Plus clients are not affected by Standard changes

The changes to the OHP Standard benefit package and enrollment closure do not affect clients on the OHP Plus benefit package. To be eligible for the OHP Plus benefit package, a client must be:

- Pregnant, or
- Under age 19, or
- Receiving Temporary Assistance to Needy Families (TANF), or
- Receiving SSI, or
- Age 65 or older, blind, or disabled and receiving income at or below the SSI Standard, or
- Age 65 or older, blind, or disabled and receiving Department paid long-term care services.

Reminder - Copayments end for Standard Clients - *effective June 19, 2004*

Clients on the OHP Standard benefit package are no longer required to make copayments.

OMAP Medical Care IDs issued on and after July 1, 2004, will show the statement "No Copays" in Field 7b for affected clients. Even though the June OMAP Medical Care ID shows a copayment requirement in Field 7b, no copay is required for Standard clients.

Copayments are still required for clients on the OHP Plus benefit package who show a copayment requirement in Field 7b of their OMAP Medical Care ID.

Client Information

We are sending, or have sent, information to affected clients telling them of each of the changes outlined in this material.

All client flyers are posted on the OMAP Web site at:
http://www.dhs.state.or.us/healthplan/clients/notices.html