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DMAP Policy and Planning Section

Authorized Signature

Number: DMAP IM 07-012

Issue Date: 1/31/07

Topic: Medical Benefits

Subject: Provider reminders about OHP with Limited Drug benefits

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message: DMAP will include this stuffer in health care providers' Remittance Advices as a reminder that the "OHP with Limited Drug" benefit package covers everything that "OHP Plus" does—except most prescription drugs. Apparently some providers are still denying services (e.g., vision, dental, etc.) because they don't understand that the only difference between the two packages is that Medicare now pays for some drugs for dual eligibles.

Pharmacies may call the DHS Medicare Hotline at 1-877-585-0007 for assistance billing for Medicare prescription drugs. Other providers may contact Provider Services for benefit or billing clarification.

If providers have any questions about this information, contact:

Contact(s):	DMAP Provider Services		
Phone:	1-800-336-6016		
E-mail:	DMAP.providerservices@state.or.us		

Important Reminder About “OHP with Limited Drug” benefits

We are reminding providers that clients with the benefit package called “**OHP with Limited Drug**” are entitled to all the same services that “**OHP Plus**” clients receive—except that Medicare now pays for some of their drugs.

History of the benefit package

Many OHP clients are eligible for both Medicare and Medicaid. We sometimes refer to them as dual eligibles.

In the past, OHP (Medicaid) paid for dual eligibles’ prescription drugs under the “OHP Plus” benefit package. When Medicare introduced their Part D prescription drug benefit, OHP stopped paying for the drugs Medicare now covers.

DMAP created a new benefit package to accommodate the change. It’s called “OHP with Limited Drug” because coverage for prescription drugs is the only limitation that differentiates it from OHP Plus.

The Medical Care ID

To identify a client with this benefit package, see Field 9b on the Medical Care ID. Dual-eligible clients will have a “D” code, indicating they receive the services in the OHP with Limited Drug benefit package.

Benefits chart

See the chart on page 2 for a quick reference to OHP services by benefit package. Keep in mind that this chart is not meant to be a comprehensive list. OHP covers more services and places more limitations than we can list here. See General Rules (OAR 410-120-1210).

Also consult your Administrative Rules at <<http://www.dhs.state.or.us/policy/healthplan/guides/main.html>> for complete coverage and limitation information for your specialty.

Questions?

- F** Contact **Provider Services** at 1-800-336-6016 or DMAP.providerservices@state.or.us if you have questions about billing.
- F** Contact the **EDI Support Team** at 1-888-690-9888 or DHS.HIPAAtesting@state.or.us if you have questions specifically about electronic billing.



Oregon Health Plan benefits chart

Covered Services	OHP Standard	OHP Plus	OHP with Limited Drug
Acupuncture	Limited	X	X
Chemical dependency services	Limited	X	X
Dental	Limited	X	X
Hearing aids & hearing aid exams		X	X
Home health		X	X
Hospice care	X	X	X
Hospital care	Limited	X	X
Immunizations	X	X	X
Labor & delivery	X	X	X
Laboratory & X-ray	X	X	X
Medical equipment & supplies (DME)	Limited	X	X
Medical transportation	Limited	X	X
Mental health services	Limited	X	X
Occupational therapy		X	X
Physical therapy		X	X
Physician services	X	X	X
Prescription drugs	X	X	Limited
Private duty nursing		X	X
Speech therapy		X	X
Vision care	Limited	X	X

CAWEM covers only emergency services or labor and delivery.

QMB covers Medicare premiums, copayments (except on drugs) and deductibles.

NOTE: Some clients may have more than one benefit package (e.g., A client may have both QMB and OHP with Limited Drug benefits).

Remember to always bill Third Party Resources first.