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Number: DMAP-IM-09-060
Issue Date: 05/08/2009

Authorized Signature

Topic: Medical Benefits

Subject: Provider Alert: Client coverage letters are in the mail

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, AMH and DMAP transmittal lists |

Message:

The following postcard will go to all enrolled DMAP providers. It tells them that coverage letters will be mailed to every case and will include coverage information for every client who was determined eligible at the time of the mailing.

At this time, the system can send a coverage letter to all clients, but it is unable to send a “daily” coverage letter to new clients or clients whose coverage changes.

DMAP will continue to mail Medical IDs to new clients. However, the Medical ID mailings will not include a coverage letter until the daily process begins. DMAP will send a transmittal when the daily process begins.

How to report MMIS problems: Continue to contact the Service Desk when you encounter problems with the MMIS. Remember, staff at the Service Desk are not experts on the new system, but they can route your request to someone who can help. They are available at:

- 503-945-5623 from 6 a.m. to 6 p.m., Monday-Friday, or
- dhs.servicedesk@state.or.us or **Servicedesk, DHS** in GroupWise.

If you have any questions about this information, contact:

Contact(s):	Tanya Allen, DMAP Client and Provider Education		
Phone:	503-945-6599	Fax:	503-947-5221
E-mail:	tanya.s.allen@state.or.us		

Provider Alert

Client coverage letters are in the mail!

DMAP is once again mailing client coverage letters. The mailing, which began the week of May 4, will take three weeks to complete. After this mailing, DMAP will **not** send more coverage letters until they can be produced on a daily schedule.

In the meantime, DMAP will continue to mail letters to clients about changes to their OHP managed care enrollment, and mail Medical ID cards to clients.

Remember, the DHS Medical Care ID does not show eligibility, and the coverage letters are not a guarantee of eligibility. Verify client eligibility through:

- The Provider Web Portal at <https://www.or-medicaid.gov> or
- Automated Voice Response (AVR) at 866-692-3864.

If, after using the Web portal or AVR, you still have questions about the client's eligibility, call Provider Services at 800-336-6016.

Coming soon — New resource regarding billing issues

Watch the OHP home page at www.oregon.gov/DHS/healthplan for a link to frequent updates about claim processing issues, workarounds, resolutions and reminders. You can **eSubscribe** to get an e-mail whenever updates occur.



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