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Authorized Signature

Number: DMAP-IM-09-090

Issue Date: 07/10/2009

Topic: Medical Benefits

Subject: Daily client coverage letters begin this week; MMIS ID Card Request panel now available to request new coverage letters and Medical ID cards

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"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP will begin mailing client coverage letters this week (see sample beginning on page 4). 11,525 letters are for July 7 changes, when the daily coverage letters were turned on. The letters will list coverage information for everyone in the household who gets a Medical Care ID.

Auto-assignment notification:

Some of the letters will notify approximately 900 clients in Malheur and Polk counties of their enrollment into managed care plans due to the “even distribution” auto-assignment effective July 13, 2009.

- DMAP has identified 89 clients who were incorrectly enrolled during Malheur and Polk auto-assignment, and will correct their information this week. SPD and CAF will receive a list of these clients to distribute to branch offices.
- Once DMAP corrects the enrollment information for these clients, affected households will receive a second coverage letter showing the corrected enrollment information.

Daily coverage letters:

The remaining letters will notify any other clients statewide who, from July 7 forward:

- Had changes to information such as their benefit plan(s) or managed care enrollment; and/or
- Had a new DHS Medical ID card requested for them through the MMIS Recipient Maintenance → Recipient → ID Card Request panel.

From now on, coverage letters will go out whenever clients have changes to their enrollment or

benefit plans; and/or get a new ID card issued through the MMIS.

- The reason(s) for the coverage letter will be at the bottom of the first page of the letter.
- The “Recipient Consolidated Notice” (ELG-0900-D) report in MMIS provides a daily report of the coverage letters issued by branch cost center and the reasons for the letters. To access this report, go to EDMS→COLD→Recipient Data Maintenance.

Auto-assigned clients have at least 30 days to request enrollment changes:

The yellow sheet inserted with the coverage letters (page 7) tells clients that, if they were enrolled in a managed care plan, they may change plans in the first 30 days of their enrollment and to call their workers to do so. Clients with continuity of care issues may be exempted.

If there are extenuating circumstances, DMAP will allow clients up to 60 days to change their managed care plan. If a client requests disenrollment after the first 30 days, contact Client Enrollment Services.

How to make enrollment changes:

- Use the PHP enrollment screen to make enrollment changes.
- If unable to do so, contact Client Enrollment Services (CES) for manual enrollment changes.

How to request new Medical ID cards and coverage letters:

Workers can now request new Medical ID cards using the MMIS Recipient Maintenance→Recipient→ID Card Request panel. Requesting a new Medical ID through this panel also generates a new coverage letter for the household.

- For information on how to do this, see pages 18-21 of CAF’s [How to issue a Medical ID and Coverage Letter](#) tutorial.
- Workers need update access to the MMIS Recipient subsystem as part of their MMIS security role.

What to do if you can’t submit Medical ID card and cover letter requests:

Earlier this year, DHS turned off the ability to submit requests through the ID Card Request panel for certain MMIS security roles.

- These roles have update access to the Recipient subsystem, but the users in these roles cannot submit their requests using the “save” button.
- DHS is working to update affected security roles by next week.
- If you have update access to the Recipient subsystem but cannot submit ID card requests, continue the current workaround of requesting new ID and coverage letters through DMAP Client Services (see page 30 of the [CAF tutorial](#)).

If you have any questions about this information, contact:

Auto-assignment questions:	Tom van der Veen, DMAP Delivery Systems Manager		
Phone:	503-945-6349	Fax:	503-947-5221
E-mail:	tom.vanderveen@state.or.us		

Coverage letter questions:	Rich Krummel, DMAP Business Systems Asst. Mgr.		
Phone:	503-945-6085	Fax:	503-947-5359
E-mail:	richard.krummel@state.or.us		

Manual enrollment and workaround questions:	Kris Kersine, DMAP Client Services Manager		
Phone:	503-947-5489	Fax:	503-945-6898
E-mail:	kristine.kersine@state.or.us		

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 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.

Reasons for letter:

Managed care plan or Primary Care Manager enrollment changed for:

Doe, John – 7/13/2009
Doe, Jane – 7/13/2009
Doe, Timothy – 7/13/2009
Doe, Kathy – 7/13/2009

Managed Care/TPR enrollment

Plan Information	Plan Information	Plan Information
A DMAP Medical Plan Care Oregon 800-555-5555	B DMAP Dental Plan Managed Dental Care of Oregon 866-555-5555	C DMAP Mental Health Plan Clackamas Mental Hlth Org 888-555-5555
D Private Maj Med/Rx/Dent/Vis Blue Cross of Oregon PO# 12345678 ABC123456789	E DCM-FFS Disease Management DCM Care Enhance 1-800-711-6687 DCM-PGM	F DMAP Pharmacy Walgreen
G Medicare Part-A Medicare NW - Part A	H Medicare Part-B Medicare-B/BC N Dakota	I Medicare Part-D Has Part D
J	K	L
M	N	O
P	Q	R
S	T	U
V	W	X

Coverage Letter Insert (“Yellow sheet”) - Front

This sheet contains important information about your coverage letter and Medical Care ID.

Why did I receive a coverage letter/ID card?

You received the letter (and possibly an ID card) because:

- You are new to OHP
- Your coverage has changed (the letter shows the new information), or
- You requested a replacement card

The first page of your coverage letter lists the reason you were sent the letter/ID and the date the change is effective.

Check the date of issue

If you receive more than one DHS Medical Care ID card and coverage letter, check the date of issue. Keep the one with the most recent date.

Who do I call?

Call your worker if you:

- Have questions about your eligibility
- Need a new Medical ID card or coverage letter

Your worker’s code and phone number is above your name and address.

Call Client Services at 800-273-0557, if you:

- Receive a medical bill
- Need information about how to make a health care appointment
- Have concerns about access, quality or limitations on your health care
- Have questions about your coverage. If you are in a managed care plan, call your plan. Your plan’s phone number is listed on page 3 of your letter.

New or changed managed care plan enrollment

If you have been enrolled in a managed care plan (see page 2 of your letter), your medical or dental care coverage will not change. You will need to see a health care provider who is with your plan. Your managed care plan will send you information about the services it provides. Medical plans will also send you a list of primary care providers (PCP) for you to choose from.

30-day enrollment change

Depending on where you live, you may be able to change plans in the first 30 days of enrollment in your new plan. Call your worker about your choices.

Delayed enrollment

Your medical plan enrollment may be delayed if you are scheduled for surgery or are in the last three months of pregnancy. Call your worker if you need to delay enrollment for these reasons.

American Indians/Alaska Natives

If you are an American Indian or Alaska Native with proof of Indian heritage, you can choose not to be enrolled in a managed care plan. You may receive medical or dental services from any provider who will take your DHS Medical Care ID. Contact your worker if you do not want to be enrolled in a managed care plan.

Oregon Health Plan benefit package coverage

DHS will pay for services that show a “✓.” Limited services are covered at a reduced level.

Covered Services	OHP Plus OHP with Limited Drug* CAWEM Plus	OHP Standard	CAWEM	QMB
Acupuncture	✓	Limited		
Chemical dependency	✓	✓		
Dental	✓	Limited		
Emergency/Urgent hospital care	✓	✓	✓	
Hearing aids and hearing aid exams	✓			
Home health	✓			
Hospice care	✓	✓		
Hospital care	✓	Limited		
Immunizations	✓	✓		
Labor and delivery	✓	✓	✓	
Laboratory and X-ray	✓	✓		
Medical equipment and supplies	✓	Limited		
Medical transportation	✓	Limited		
Medicare premiums, copayments (except for drugs) and deductibles				✓
Mental health	✓	✓		
Naturopathy	✓			
Occupational therapy	✓			
Physical therapy	✓			
Physician care	✓	✓		
Podiatry	✓	✓		
Prescription drugs	✓	✓		
Private duty nursing	✓			
Speech therapy	✓			
Vision care	✓	Limited		

* Drug coverage for this benefit package is limited to drugs that are not covered by Medicare Part D.

OHP offers more services and places more limitations than are listed here. This chart is meant to be a guide, not OHP policy.

