

Alice Labansky, Manager
DMAP Operations Section

Authorized Signature

Number: DMAP- IM-09-100

Issue Date: 08/03/2009

Topic: Medical Benefits

Subject: Client Announcements: Out of Pocket Costs Incurred Due to MMIS Error

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:

DMAP will be mailing the following two letters to specific clients the week of August 3. The letters address costs that clients may have incurred due to MMIS errors.

These letters will **not** be sent to all OHP clients – **only** to those DMAP has identified as being affected by two MMIS errors:

- 2,729 clients who were disenrolled from managed care in error sometime between December 9, 2008, and June 30, 2009
- 871 clients whose eligibility information was “linked up” with another client’s sometime between December 9, 2008, and January 31, 2009

DMAP is aware that other clients may have incurred costs due to additional MMIS errors; however, we are unable to identify these clients at this time. If a client believes they have paid for a copayment or health service they should not have, workers should refer the client to Client Services at 1-800-273-0557. Client Services will handle the complaints on a case-by-case basis.

Note: Payments to clients will be considered reimbursements. Clients will not have to claim the reimbursements as income.

If a client needs one of the letters in a different language or alternate format, please contact the DMAP Client and Provider Education Unit at 503-945-6508.

Proof of Payment Form

DMAP will enclose the attached Proof of Payment form (OHP 3045) with both letters. Clients only need to use the form if they do not have another form of proof . *Clients do not need proof for copayments.* The form will also be posted on the DHS forms Web page. Just click on “Forms” in the left-hand menu of the DHS home page.

If a provider calls with questions about the Proof of Payment form, workers should refer them to Provider Services at 1-800-336-6016. Providers can also use the Provider Services e-mail address dmap.providerservices@state.or.us.

Also attached is an announcement for providers regarding the Proof of Payment Forms. It tells providers their patients may bring in the form and gives instructions for filling it out. DMAP will post the announcement on the OHP Provider Announcements Web page and send out an eSubscribe to all those signed up to receive Provider Announcement e-mail alerts. DMAP will also direct providers to this announcement using a banner message on outgoing paper remittance advices.

Address changes

Please make sure address changes are processed promptly. If a client qualifies for reimbursement, the Office of Financial Services will mail the check to the address that is in MMIS. Incorrect addresses will delay payment to the client. Be sure to follow procedures for making address changes to MMIS in “real time.” If you have questions about address changes, ask your manager.

Remember: Client Services **cannot** process address changes.

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



Important Information!

You may qualify for reimbursement

You were or someone in your household was disenrolled from managed care in error

Sometime between December 9, 2008, and June 30, 2009, the OHP computer system removed you or someone in your household from your managed care plan in error.

The mistake has been corrected, but during this time, you may have paid for copayments or medical services when you should not have.

You may qualify for reimbursement

If you paid for services in error between December 9, 2008, and June 30, 2009, DHS may be able to pay you back.

This announcement is NOT a guarantee of payment. DHS will determine if you qualify for reimbursement.

You may qualify for reimbursement if you or someone in your household:

- Received medical services between December 9, 2008, and June 30, 2009; **and**
- Were disenrolled from your managed care plan in error; and as a result
 - Had to pay a **copayment**; or
 - Had to pay for **medical services**, including prescription medications.

Copayments

Call Client Services at 1-800-273-0557 if you paid a copayment you should not have. You will not have to provide proof. Have the following information ready:

- The name and medical care ID number of the person who received the service;
- The date the received the medical service was received; and
- The provider's name.

Medical service payments

If you paid for medical services other than a copayment, you will need proof of payment. Proof can be a receipt or invoice and must show:

- The date of the medical service;
- Your or the patient's name;
- The provider's name; and
- The amount you paid.

Mail or fax your proof of payment to:

DMAP Client Services
Att: Disenrollment/Reimbursement
500 Summer St. NE, E-44
Salem, OR 97301-1077
Fax: 503-945-6898

Be sure to include:

- The name and medical care ID number of the person who received the medical service;
- Your name, address and phone number.

What if I don't have proof?

If you do not have proof of payment, you can give the enclosed form to your provider. Your provider can fill out the information. You or your provider can mail or fax the completed form to the address or number listed on the form.

If your provider does not want to fill out the form, you can also ask for:

- A new receipt or invoice;
- A canceled check or copy of another form of payment;
- Claim forms; or
- A note from your provider.

Unpaid medical bills

If you have any medical bills you feel you have received in error, call Client Services at 1-800-273-0557. DHS will determine who is responsible for the bills.

Deadline: September 30, 2009

If you think you may qualify for reimbursement, you have until Wednesday, September 30, 2009, to contact Client Services. DHS will not process any requests for reimbursements received after this date.

Client Services will contact you

Please allow four to six weeks for DHS to determine if you qualify for reimbursement and to process the check. Client Services will send you a letter telling you if you qualify for reimbursement.

If you disagree with the decision, you have the right to ask for a hearing. You will have 45 days from the date of the letter to do this. You must use the Administrative Hearing Request form (DHS 443). You can get this form at any DHS office.

Tell your worker if you move

If you move, be sure to give your new address to your worker so DHS knows where to send your check.

Questions

- If you have any questions about this announcement, call Client Services at 1-800-273-0557, Monday through Friday, 8 a.m. to 4:30 p.m. Do not call your managed care plan.
- Call your worker if you need this information in another language or different format.



DMAP CAPE
07/09 09-505A



Important Information!

You may qualify for reimbursement

Sometime between December 9, 2008, and January 31, 2009, there was an error with the Oregon Health Plan (OHP) computer system. You or someone in your household has been identified as one of the people affected by this error.

Due to this error, your provider may not have been able to see:

- If you were eligible for OHP; or
- What medical services you qualified for under OHP.

The mistake has been corrected, but during this time, you may have paid for copayments or medical services when you should not have.

You may qualify for reimbursement

If you paid for services in error between December 9, 2008, and January 31, 2009, DHS may be able to pay you back.

This announcement is NOT a guarantee of payment. DHS will determine if you qualify for reimbursement.

You may qualify for reimbursement if you or someone in your household:

- Received medical services between December 9, 2008, and January 31, 2009; **and**
- Were affected by the computer system error; and as a result
 - Had to pay a **copayment**; or
 - Had to pay for **medical services**, including prescription medications.

Copayments

Call Client Services at 1-800-273-0557 if you paid a copayment you should not have. You will not have to provide proof. Have the following information ready:

- The name and medical care ID number of the person who received the service;
- The date the received the medical service was received; and
- The provider's name.

Medical service payments

If you paid for medical services other than a copayment, you will need proof of payment. Proof can be a receipt or invoice and must show:

- The date of the medical service;
- Your or the patient's name;
- The provider's name; and
- The amount you paid.

Mail or fax your proof of payment to:
DMAP Client Services
Att: Disenrollment/Reimbursement
500 Summer St. NE, E-44
Salem, OR 97301-1077
Fax: 503-945-6898

Be sure to include:

- The name and medical care ID number of the person who received the medical service;
- Your name, address and phone number.

What if I don't have proof?

If you do not have proof of payment, you can give the enclosed form to your provider. Your provider can fill out the information. You or your provider can mail or fax the completed form to the address or number listed on the form.

If your provider does not want to fill out the form, you can also ask for:

- A new receipt or invoice;
- A canceled check or copy of another form of payment;
- Claim forms; or
- A note from your provider.

Unpaid medical bills

If you have any medical bills you feel you have received in error, call Client Services at 1-800-273-0557. DHS will determine who is responsible for the bills.

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Client Services will contact you

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If you disagree with the decision, you have the right to ask for a hearing. You will have 45 days from the date of the letter to do this. You must use the Administrative Hearing Request form (DHS 443). You can get this form at any DHS office.

Tell your worker if you move

If you move, be sure to give your new address to your worker so DHS knows where to send your check.

Questions

- If you have any questions about this announcement, call Client Services at 1-800-273-0557, Monday through Friday, 8 a.m. to 4:30 p.m. Do not call your managed care plan.
- Call your worker if you need this information in another language or different format.



DMAP CAPE
07/09 09-505B



OHP Clients: Only use this form if you do **not** have any other proof of payment, such as a receipt or invoice.



Proof of Payment Form

Dear OHP Provider,

Due to a computer system defect, your patient may have been disenrolled from their managed care plan in error or you may not have been able to verify the eligibility of your patient. As a result, your patient may have paid for services that should have been covered by the Oregon Health Plan.

Please provide the following information to help DHS determine if your patient qualifies for reimbursement. If more than one service was provided, please use the space available on the second page of this form. Please use a separate form for different patients

Note: For your patient to receive reimbursement, DHS must receive the Proof of Payment form no later than **September 30, 2009**.

Provider name:	
Provider ID #:	
Provider contact name:	
Phone:	
Fax:	
Patient's name:	
Patient's medical care ID #:	
Date of service:	
Medical service provided:	
Amount paid by patient:	

Please mail or fax this form to: Department of Human Services DMAP Client Services Unit Attn: Disenrollment/Reimbursement 500 Summer St. NE, E-44 Salem, OR 97301-1077 FAX – (503) 945-6898	To be completed by the patient or authorized representative:
	Contact Name:
	Contact Number:
	Mailing address:
	City, State, Zip:

Questions?

If you have any questions about completing this form, please call Provider Services at 1-800-336-6016, 7 a.m. to 4:30 p.m., Monday through Friday.

Additional services provided:

Provider (if different):	
Date of service:	
Medical service provided:	
Amount paid by patient:	
Provider (if different):	
Date of service:	
Medical service provided:	
Amount paid by patient:	
Provider (if different):	
Date of service:	
Medical service provided:	
Amount paid by patient:	
Provider (if different):	
Date of service:	
Medical service provided:	
Amount paid by patient:	
Provider (if different):	
Date of service:	
Medical service provided:	
Amount paid by patient:	
Provider (if different):	
Date of service:	
Medical service provided:	
Amount paid by patient:	

Important Information

Proof of Payment Forms

OHP patients may bring in Proof of Payment Forms

In the following weeks, your OHP patients may bring you a Proof of Payment Form (OHP 3045) to fill out. The purpose of the form is to provide the patient with proof of out-of-pocket payments they may have made to you.

Your patients may qualify for reimbursement from DHS for payments made to you

DHS has identified two specific groups of OHP clients who have been affected by computer system defects. They are:

- Clients who were disenrolled from managed care in error sometime between December 9, 2008, and June 30, 2009; and
- Clients whose eligibility information was either unavailable or incorrect between December 9, 2008, and January 31, 2009.

During these time frames, you may have not been able to tell if these clients were in managed care or fee-for-service, or you may have not been able to verify the client's eligibility.

As a result, the clients may have paid for services that should have been paid by DHS. If a client can provide proof they did so, DHS will reimburse the client. The Proof of Payment form will help DHS determine if your patient qualifies for reimbursement.

Clients do not need proof to be reimbursed for copayments.

Kinds of proof

If you do not want to complete the form, you can provide your patient with another kind of proof of payment, including:

- Receipts or invoices;
- Cancelled checks or copies of other forms of payment;
- Claim forms; or
- A signed note from you.

Form instructions

- Complete the form from "Provider name" to "Amount paid by patient."
- The patient should complete their own contact information.
- If more than one service was provided, use the space available on the second page of the form.
- Use a separate form for different patients.
- You or your patient can either mail or fax the form to DHS at the address and number listed on the form.
- DHS must receive the form **no later than September 30** for your patient to receive reimbursement.

Questions?

If you have any questions about this announcement or need help filling out the form, please call the Provider Services Unit at 1-800-336-6016, Monday through Friday, 7 a.m. to 4:30 p.m.

