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**Authorized Signature**

**Number:** DMAP-IM-09-165

**Issue Date:** 12/30/2009

**Topic:** Medical Benefits

**Subject:** Provider Announcement: OHP Plus dental and visual benefit reductions effective January 1, 2010

**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 DMAP transmittal lists |

**Message:**

DMAP will post the following announcement on the [OHP Provider Announcements](#) page, distribute via eSubscribe, mention in the Banner Messages of outgoing paper remittance advices to providers, and mention in the Messages panel of the Provider Web Portal at <https://www.or-medicaid.gov>.

The announcement tells providers about the OHP Plus dental and visual benefit reductions effective January 1, 2010. The announcement outlines the process for identifying clients affected by the reductions and includes instructions for how to bill claims for the reduced services.

For more information, please refer to the OHP Plus information page at [www.oregon.gov/DHS/healthplan/plus-changes.shtml](http://www.oregon.gov/DHS/healthplan/plus-changes.shtml). This Web page is an excellent resource for providers and clients. It features frequently asked questions, announcements related to the Jan. 1 changes, links to proposed rules, Dental and Vision provider guidelines, and more.

*If you have any questions about this information, contact:*

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# Important Reminders

## Jan. 1 changes to OHP Plus dental and vision benefits

In November, DHS notified providers that the department will reduce **dental** and **vision** services for **some** OHP Plus clients due to state budget constraints. Providers of these services will need to identify which clients are subject to the reductions.

### Who is affected?

The dental and vision benefit reductions only affect clients who are:

- Covered by the OHP Plus benefit package;
- Adults age 21 and older; **and**
- Not pregnant.

### Identifying clients affected by the vision and dental benefit reductions

1. **OHP Plus?** Use the Provider Web Portal or AVR to identify the client's benefit package. OHP Plus clients will display as BMD, BMH or BMM.
2. **Adult?** Use the Provider Web Portal or AVR to verify the client's age. If the client was born on or before today's date in 1989, the client is considered an adult.
3. **Pregnant?** At this time, neither the Provider Web Portal nor AVR indicate whether or not a client is pregnant. If the client is pregnant, verify the pregnancy:
  - Client is in managed care - Call the client's managed care plan.
  - Client is fee-for-service (open card) - Call Provider Services at 1-800-336-6016.

**Note:** Providers do not need to verify pregnancy for clients under age 21. All pregnant clients under age 21 are considered children and are not subject to the benefit reductions.

#### Provider Web Portal

<https://www.or-medicaid.gov>

#### Automated Voice Response (AVR)

1-866-692-3864

For help with the Web Portal or the AVR, visit <http://www.oregon.gov/DHS/healthplan/mmis.shtml>. Quick guides are available at:

- Provider Web Portal: <http://dhsforms.hr.state.or.us/Forms/Served/oe3161.pdf>
- AVR: <http://dhsforms.hr.state.or.us/Forms/Served/OE3162.pdf>

### Let DHS know if an OHP client becomes pregnant

If no pregnancy due date is found when verifying a client's pregnancy, instruct the client to contact her worker as soon as possible. She is subject to the reduced dental and vision benefits until DHS has confirmed her pregnancy. To report such a change in eligibility, primary care providers may complete and return the OHP Pregnancy Notification form (OHP 3360). Find the form online at <http://dhsforms.hr.state.or.us/Forms/Served/HE3360.pdf>.

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## Processing fee-for-service claims for reduced OHP Plus dental/vision benefits

Starting January 1, when providers bill fee-for-service for the reduced services:

- **Clients under age 21** - DHS will process the claims as usual.
- **All clients age 21 and older (including pregnant clients)** - DHS will deny the reduced services with Explanation of Benefit message 4801 ("Service not covered by client's benefit plan").

### Billing claims for pregnant adults

Even though pregnant adults are not subject to the dental and vis benefit reductions for OHP Plus, the computer system (MMIS) has no way to differentiate claims for pregnant adults from regular adults. At this time, all claims for the reduced services will be denied for clients age 21 and older.

DHS is in the process of updating MMIS so that it can process claims for pregnant adults separately. Once the system is updated, any claims for pregnant clients should process and pay appropriately. Until that time, please follow these instructions:

- If possible, hold all claims for the reduced dental and vision services for pregnant adults covered by OHP Plus (BMM, BMD and BMH) until DHS announces the system has been updated.
- If it is not possible to hold the claim, bill as usual. The claims will be denied; however, when the MMIS is updated, DHS will identify and automatically adjust all of the claims denied in error from January 1 forward.

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### Summary of changes for OHP Plus non-pregnant adults

These reduction **only affect dental and vision benefits.**

**Dental:** To see which services are covered or not, refer to the Dental Services Program Web page at <http://www.dhs.state.or.us/policy/healthplan/guides/dental/cdt-eula.html>.

**Vision:** For non-pregnant adults covered by OHP Plus, there is no longer a benefit for refraction and accommodation or hardware services related to glasses or contacts. However, refraction and accommodation and hardware services related to aphakia and keratoconus are still covered for all clients. To see which diagnosis codes are covered or not, refer to the Visual Services Program Web page at <http://www.dhs.state.or.us/policy/healthplan/guides/vision/main.html>.

A more detailed summary of the benefit reductions is included in the previous provider announcement located at [http://www.oregon.gov/DHS/healthplan/notices\\_providers/2009/plus-changes0110.pdf](http://www.oregon.gov/DHS/healthplan/notices_providers/2009/plus-changes0110.pdf)

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## For more information on the benefit reductions

Find frequently asked questions, age-limited procedure codes, updated covered/non-covered dental services table and more resources on the OHP Plus information page at [www.oregon.gov/DHS/healthplan/plus-changes.shtml](http://www.oregon.gov/DHS/healthplan/plus-changes.shtml).

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## For questions about eligibility and billing:

- For fee-for-service ("open card") clients — Contact Provider Services at 1-800-336-6016 or [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us).
- For managed care clients — Contact the client's managed care plan.



### Remember Healthy Kids!

Children with no health insurance may qualify for the Oregon Healthy Kids plan. Encourage families to sign up today! Applications are available at [www.oregonhealthykids.gov](http://www.oregonhealthykids.gov), by phone at 1-877-314-5678, or at any DHS branch office.



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