

**Division of Medical Assistance Programs**

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**Authorized Signature**

**Number:** DMAP-IM-10-016  
**Issue Date:** 02/05/2010

**Topic:** Medical Benefits

**Subject:** Staff Q & A/Phone Scripts for OHP Managed Care Service Area Enrollment Corrections

**Applies to:**

- |  |   |
|--|---|
| <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 attached the Q & A/Telephone scripts for staff to help clients and providers when they call in about the MMIS managed care enrollment update for clients who have moved from one service area to another. These scripts mainly refer to the mass updates for approximately 25,000 affected clients that will happen between 2/6 and 2/15, however these kinds of updates will continue on a weekly basis.

For future weekly updates, you may continue to receive calls during those times that clients present for drugs or office visits and don't know there has been a change in managed care enrollment. You may find these scripts helpful for future use.

DMAP will continue to distribute a banner message on outgoing paper remittance advices about the weekly updates.

**Provider Announcement**

Remember: DMAP posted the related provider announcement, effective 2/6/10, to the DMAP web pages for [OHP Provider Announcements](#) and [Pharmacy Provider Announcements](#).

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

**Contact**

**E-mail:** Staff questions go to: [DMAP.distribution@state.or.us](mailto:DMAP.distribution@state.or.us)

## Q & A Phone Scripts for Client Services

### OHP Managed Care Plan clients who moved from one service area to another

#### ***Why did I get a coverage letter(s) saying there was a change on 2/6? On 2/7? On 2/14? On 2/15?***

- Let's verify what is in your letter(s) and I will look your information up in our system to tell you about your current status.
- This is about a Managed Care Plan enrollment change. This did not change your benefits or eligibility.

**STAFF:** Whatever is on the screen is the information you give them, however, clients may get two letters with the same effective date (2/15). Give them the current information from the screen (that will match one of the letters) and tell them not to worry about the letter that is different.

#### ***What does this mean to me?***

- This does not affect your eligibility or your benefit coverage. This is about Managed Care Plan enrollment status only.
- You may need to choose another doctor.

**STAFF:** Verify if the client is FFS. You can refer to:

<http://dhsforms.hr.state.or.us/Forms/Served/HE9035.pdf>. Tell them:

- You are now in FFS. You didn't have a copay with your Managed Care Plan but now you do.

**STAFF:** See if they have a current PA in place. Tell them:

- Some services or drugs that were ongoing with your previous doctor or MC Plan will have to be approved again. Your doctor or MC Plan will know this.
  - If you went from managed care to FFS you need to talk to your new area provider.
  - If you were in FFS and now are in a Managed Care Plan, you need to talk to the new Plan.

#### ***Can I change Managed Care Plans after I'm enrolled in a new one?***

Yes. You can change Plans within the first 30 days of being enrolled in the new Plan if another Plan is available to you. Otherwise, you cannot change until you re-apply.

**STAFF:** CSU Hotline members can check to see what plans are offered and if the client is currently in FFS, you can enroll the client in their area Plan of choice as per usual business practice.

#### ***What if I have a billing problem later?***

If, in the future, you have a billing concern with a "Date of Service" between 02/07/2010 and 02/14/2010, call us back. We'll help you figure it out.

DMAP CAPE 10-053 02/10

## Q & A/Phone Scripts for Provider Services

### OHP Managed Care Plan Clients who moved from one service area to another

The Provider Announcement we posted to the web on 2/4 will help explain. It is found @ [http://www.oregon.gov/DHS/healthplan/notices\\_providers/main.shtml](http://www.oregon.gov/DHS/healthplan/notices_providers/main.shtml)

#### ***What happened? Who does this affect and when?***

MMIS disenrolled approximately 14,500 clients from their Managed Care Plans.

This affects approximately 14, 500 medical, dental and mental health clients who moved from one service area to another since Dec. '08 when MMIS began.

- Many of these clients were placed in fee-for-service (FFS) and later enrolled into a new Plan if one was available to them. These clients will be FFS from 2/7 through 2/14. On 2/15 they will have a new Plan to cover them.
- Other clients will remain in FFS from the time they were disenrolled.

#### ***Why did this happen?***

This happened because affected clients moved from one service area to another sometime since the inception of MMIS – (12/08) and MMIS has never updated the information. MMIS now has the capability and the affected clients' enrollment information needs to be current.

#### ***How will providers know what clients are affected?***

You can verify Plan enrollment by using:

- Provider Web Portal at <https://www.or-medicaid.gov>  
Provider Web Portal quick guide: <http://dhsforms.hr.state.or.us/Forms/Served/oe3161.pdf>
- Automated Voice Response (AVR) by calling 1-866-692-3864. Quick guides and other information are available at:  
AVR quick guide – <http://dhsforms.hr.state.or.us/Forms/Served/OE3162.pdf>
- EDI 270/271 eligibility inquiry response transaction for those who bill electronically

#### ***Will DHS honor a PA issued by a Managed Care Plan? – or – Is my old prior authorization (PA) still covered?***

No. DHS will honor only those PAs that are authorized by DHS. To request PA, follow the usual practices for DHS or the Managed Care Plans.

### ***Why doesn't the client know about this?***

Clients may not know because they haven't yet received their Coverage Letter. Or, if they received a letter, they may be confused. Some will have gotten 2 letters with the same date but different information.

We are helping them by looking up their information in MMIS and telling them what we see on the screen. You can verify Plan enrollment information by using the Provider Web Portal, AVR or EDI 270/271 eligibility inquiry response transaction.

### ***How long is this going to last?***

The mass update will begin Feb. 6 and changes will take place through Feb. 15 however, this kind of update will continue weekly on a much smaller scale. Each time there is an update, there will be a portion of time where the client may not be aware of the change when they come to see you, so it is important for you to check their status.