

Division of Medical Assistance Programs

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**Authorized Signature**

**Number:** DMAP-IM-10-023  
**Issue Date:** 2/22/2010

**Topic:** Medical Benefits

**Subject:** OHP Managed Care: Continuity of Care Information

**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:** Mandatory Enrollment for Curry, Lincoln, and Tillamook Counties. Clarification regarding Managed Care Exemption process.

**Discussion/Interpretation:** The Department's preferred Medicaid delivery model is managed care. OHP clients should receive their benefits through Medicaid managed care plans whenever possible. These managed care plans are referred to as Fully-Capitated Health Plans (FCHPs) or Physician Care Organizations (PCOs). Beginning in January 1, 2010, the MMIS began auto-assignment of clients into managed care plans in Curry, Lincoln, and Tillamook Counties.

SPD/AAA offices have the authority to exempt clients from managed care when specific criteria are met. When granting an exemption, consider only the needs of the client. Exemptions should never be granted solely because there is no managed care plan available. Exemption coding serves two purposes: (1) to stop clients from being auto-enrolled, and (2) to identify clients with special medical needs.

**Non-Medicare Clients in Mandatory Service Areas:** Clients who do not meet exemption criteria must be enrolled in physical health managed care plans. Clients will be auto-enrolled on a weekly basis, if not enrolled into a plan of the client's choice.

**Clarification:** In order to ensure that clients have continued access to providers and to comply with the Legislative intent that OHP members are served in managed care with only rare exemptions, the following clarifies the criteria to be considered in granting managed care exemptions.

**ACC - Access to Care** - This code should be used rarely for those instances when a client requires care from very unique specialists *out-of-the area* who provide the majority of the client's care. Examples would include a client, residing in Medford, with a complicated seizure disorder who receives the majority of their care at a major Epilepsy Center in Portland. The case narrative should contain the reason.

**CNT – Continuity of Care** – This code should only be used when a client's health will be harmed by a move into managed care. This requires documentation with a note from the primary care physician to document the client's need. Examples would include long-term services from a primary physician for complicated medical conditions and the physician is not a provider in any available managed care plan. All request for the CNT exemption require central office authorization by DHS, and will include review of physician chart notes. If workers believe that a client needs this exemption, requests should be sent to DMAP Medical Directors office, via fax at 503 373 7689.

**HOS – Client is hospitalized** - Upon discharge, the client is enrolled in the managed care plan of choice.

**HRG – Hearing scheduled** - Enrollment is delayed until after the results of the hearing.

**MED – End Stage Renal Disease (ESRD).** *This code is used by DMAP, only.* Contact Client Enrollment Services for this exemption.

**MMC – Medical Medicare Choice** – This should only be used if the client has chosen a Medicare Advantage plan or a Medicare Part D plan that does not coordinate with the Medicaid plan(s) available, or the only Medicaid plans available require the client to be enrolled in a Medicare Advantage plan that the client does not choose to be enrolled in.

**OTH - Other - SPD/AAA workers should not use this code for exemptions from physical health plans.** All requests for these exemptions require central authorization by DHS and will include review of physician chart notes. This code has been used by DMAP for a few situations with very unusual circumstances.

If workers believe that a client needs this exemption, requests should be sent to Dr. Tina Kitchin through GroupWise or via fax at 503-373-7823. Case workers requesting this exemption should request documentation from the physician.

**PIH – Proof of Indian Heritage** - This code is used for those with proof of Native American or Alaska Native heritage

**REL – Religious considerations**

**RIF – Rehabilitation/Inpatient/Facility** – This almost never used code should be used for clients Blue Mountain Recovery Center, Oregon State Hospital, and for those clients in a nursing facility who meet both of the following criteria: (1) who need to use the in-house physician of the facility *and* (2) the physician is not a member of a managed care organization. Documentation should be in the case narrative. In most situations, workers can look up whether an in-house physician is a member of managed care through the plan’s internet site, which lists the plan’s panel of physicians.

**SUR – Surgery Scheduled for client** - The client’s current provider is not in one of the available plans.

See DMAP Workers’ Guide for a complete list:

[http://www.oregon.gov/DHS/healthplan/data\\_pubs/wguide/main.shtml](http://www.oregon.gov/DHS/healthplan/data_pubs/wguide/main.shtml)

**Implementation/Transition Instructions:** Non-Medicare clients should be informed of their medical plan choice and enrolled or exempted as necessary to avoid auto-enrollment into a medical plan that does not meet their needs. Please contact DMAP, Client Enrollment Services (CES) with problems that occur regarding exemptions. You can email CES at [ces.dmap@state.or.us](mailto:ces.dmap@state.or.us)

\*\*Remember to check the Managed Care→PMP Information screen at

<https://mmis.oregonmmis.com> for the most current information\*\*

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

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