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DMAP Policy and Planning Section

Authorized Signature

Number: DMAP- IM-10-142

Issue Date: 11/24/2010

Topic: Medical Benefits

Subject: Client and provider announcements about OHP managed care copayments effective Jan. 1, 2011

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:

Effective Jan. 1, 2011, DMAP will expand copayments to services to clients in OHP managed care plans. DMAP is posting an OHP Provider Announcement (page 3) about the Jan. 1 change, and mailing a notice to clients (page 4).

- Copayments only apply to clients who receive OHP Plus or OHP with Limited Drug (BMH, BMM, BMD) benefits and are not exempt from copayment as described in [DMAP General Rule 410-120-1230 \(Client Copayment\)](#).
- Clients responsible for, and not exempt from, copayment have a “Yes” listed in the “Copays?” field on page 2 of their client coverage letter.
- This copayment expansion does not change any copayments clients may already pay for services they receive on a fee-for-service (“open card”) basis.
- In December, OHP medical and dental plans will let their members and providers know whether they will charge copayments. Mental health plans will update their member handbooks effective Jan. 1 with their copayment requirements.
- DHS and HP are currently testing the 270/271 eligibility verification transaction to make sure it provides adequate copayment information. The provider letter explains what type of copayment information each eligibility verification system provides.

Make sure to read the Staff Phone Script (page 8) that answers common questions about this change. DMAP will also update the OHP Copayments [FAQ pages](#) later in December.



# Effective Jan. 1, 2011

## OHP copayments for managed care clients

### **DMAP will require copayments for clients in managed care**

On Jan. 1, 2011, the Division of Medical Assistance Programs (DMAP) will expand copayments to include clients enrolled in OHP medical, dental and mental health plans.

- This does not change any copayments you already collect for fee-for-service clients.
- Copayments, if any, for clients in OHP managed care plans may vary by plan.
- Some plans may choose not to charge a copayment. If you work with an OHP managed care plan, the plan will send you more information about how this change affects you.

Later this month, DMAP will send affected clients the following notice. All OHP managed care plans will also let their members know whether or not they will collect copayments.

We are sorry for any inconvenience or confusion that this change may cause. This is one of the measures DMAP has taken to help the state with its current budget shortfall. We appreciate your continued support of the Oregon Health Plan and the services you provide to our clients during these difficult times.

### **How to verify copayment**

You can use the following systems to verify whether a client is responsible for copayment. Information about managed care services that require copayment will come from each plan.

System	Copayment verification includes:		
	Client responsibility	Clients exempt from copayment	Services subject to copayment
270/271 - Eligibility Verification and Response	Yes - Clients will have a "B" listed in segment EB-01		No
Provider Web Portal - HSC List and Benefits Inquiry	Yes (by benefit package)	No	Yes
Automated Voice Response	Yes	Yes	Yes

### **For more information about copayments**

The General Rules provider guidelines at [www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html) and the Copayment Frequently Asked Questions for providers at [www.oregon.gov/DHS/healthplan/data\\_pubs/faqs/faqprovcopay.shtml](http://www.oregon.gov/DHS/healthplan/data_pubs/faqs/faqprovcopay.shtml) include information about DMAP copayment amounts and services, as well as the services and clients that do not require copayment.

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## Questions?

- **About fee-for-service copayments or the Provider Web Portal:** Call the Provider Services Unit at 1-800-336-6016, Monday through Thursday from 8:30 a.m. to 4:30 p.m. and 10 a.m. to 4:30 p.m. on Friday.
- **About managed care copayments:** Contact the managed care plan.



**Client Notice about managed care  
copayments - To be issued 11/30/2010**

November 30, 2010

Recip Name	Case ID	
Mailing Address		
City	State	ZIP

**Important information about copayments  
for services provided by your managed care plan(s)**

Dear (Recip Name):

This letter is about an important change to your Oregon Health Plan copayments. Today, you do not have a copayment for services or prescription drugs that your OHP medical, dental and/or mental health plan(s) provide. We regret to tell you that starting January 1, 2011, copayments may be required for some of these services.

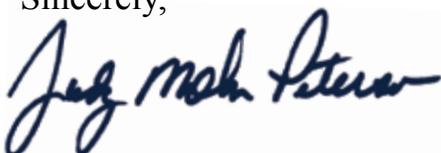
Please read the Notice of Action on the following pages for more information about this change and a list of clients who do not have copayments. The notice also lists services that do not have copayments.

Please note that some clients, such as pregnant women and children under age 19, do not pay copayments. Also, your plan(s) or the providers you see may choose to not charge you for a copayment. You will get a letter from each of your plans that will tell you if they are going to charge copayments.

We are sorry to bring this news. The reason for this change is Oregon's poor economy, which has less money for important public programs like the Oregon Health Plan. We understand this extra expense may be hard for you and your family.

If you have any questions about this change, please call OHP Client Services at 1-800-273-0557 (TTY 711). Their hours are 8:15 a.m. to 4:45 p.m., Monday through Friday.

Sincerely,



**Judy Mohr Peterson, Assistant Director**  
Department of Human Services  
Division of Medical Assistance Programs

# Notice of action

## Copayments for OHP managed care services

On Jan. 1, 2011, the Division of Medical Assistance Programs (DMAP) will establish copayments for clients enrolled in OHP medical, dental and mental health plans.

A copayment is a set dollar amount you pay for a health care service. For example, you might pay a \$3 copayment for a checkup while DMAP pays for the rest of the health care bill.

This does not change any copayments you may already pay. Your plan(s) or providers may choose not to charge you a copayment.

Your plan(s) will send you more information about how this change affects you.

### **Copayment amounts**

Copayments are never more than \$3 and may be charged for services, such as:

- Some prescription drugs;
- Office visits to see a doctor, dentist or other health care provider;
- Emergency room visits for something that DMAP does not consider an emergency;
- Some mental health services, such as inpatient and outpatient hospital services and services provided by a psychiatrist or psychiatric nurse practitioner; and
- Community-based addiction treatment services.

### **Services not requiring copayments**

You do not have to pay a copayment for:

- Family planning services and supplies, such as birth control pills;
- Prescription drug products for nicotine replacement therapy;
- Emergency medical services;
- Lab tests, shots, durable medical equipment or x-rays;
- Most mental health outpatient services;
- Adult community-based long term care mental health and addiction services approved by the Addictions and Mental Health Division;
- Methadone dosing and dispensing; and
- State Plan personal care services.

### **If you cannot pay**

If you cannot make a required copayment, you will still receive the drug or health care service; however, you will owe the pharmacy or health care provider for the copayment.



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## The following clients do not pay copayments:

- Clients on the OHP Standard benefit package;
- Pregnant women;
- Children under age 19;
- Clients who receive services under a home and community based waiver: These services include most in-home services or services in an adult foster home or other home or facility paid by Seniors and People with Disabilities;
- Inpatients in a hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded (ICF/MR);
- American Indian/Alaska Native clients who are members of a federally recognized Indian tribe or receive services through a tribal clinic.

If you are in one of these groups and your coverage letter shows you have a copayment requirement, call your worker.

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## Questions?

-  **Call OHP Client Services** at 1-800-273-0557 if you have questions about this letter.
-  **Call your OHP medical, dental or mental health plan** if you have questions about their copayment requirements.
-  **Call your worker** if you need this letter in another language or another format, such as (but not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats.
-  **For TTY service - Dial 711.**

**Information about your Hearing Rights** – Pursuant to ORS 411.095, you have a right to request a contested case hearing as provided by the Administrative Procedures Act (ORS chapter 183). The following administrative rules relate to this notice: 410-120-1230, 410-120-1230 (1), 410-120-1230 (10), 410-120-1860, and 410-141-0264.

To request a hearing, you must fill out an Administrative Hearing Request form (DHS 443). You can get one from any DHS or AAA office or by calling your worker. The request form must be received within 45 days following the date of the mailing of this notice to you. The request should be sent to any DHS office. Call 1-800-699-9075 (711 TTY) for office locations. After receiving the request, a hearing date will be set and you will be notified.

If you ask for a hearing, you may have another person speak on your behalf or have an attorney represent you. The state cannot pay the costs for an attorney or witnesses. A Legal Aid Office or the local Bar Association may be able to help you. Additional information on the procedures, rights of representation, and the rights of parties relating to the conduct of the hearing will be sent to you before the hearing.

If you fail to request a hearing within 45 days, if you request a hearing and subsequently withdraw your request for hearing, if you fail to appear for the hearing, or if a hearing is scheduled and you later notify DHS that you will not appear at the specified time and place, DHS may issue a final order in this matter.

*For client questions:*

<b>Contact(s):</b>	DMAP Client Services Unit
<b>Phone:</b>	800-273-0557

*For provider questions:*

<b>Contact(s):</b>	DMAP Provider Services Unit
<b>E-mail:</b>	<a href="mailto:dmap.providerservices@state.or.us">dmap.providerservices@state.or.us</a>

*For copayment verification information questions:*

<b>Contact(s):</b>	Rich Krummel, DHS Business Support Unit Assistant Manager
<b>E-mail:</b>	<a href="mailto:richard.krummel@state.or.us">richard.krummel@state.or.us</a>

## Staff Phone Scripts

### Jan. 1 managed care copayments

#### What is changing?

Starting Jan. 1, 2011, DMAP will require client copayments for OHP Plus (BMH, BMD, BMM) managed care clients. Before Jan. 1, clients did not have to pay copayments for services they received through their managed care plan(s).

#### I already pay (or charge) a copayment. How does this affect me?

If you already pay a copayment:

- That means you pay them for services you receive on a fee-for-service (“open card”) basis, or services you don’t get through an OHP medical, dental or mental health plan.
- If you are also enrolled in a plan, this means that starting Jan. 1, your plan may expect you to pay copayments for certain services they provide.

If you already charge a copayment:

- That means you charge them for services you provide for fee-for-service (“open card”) clients, whose services you bill DMAP for.
- If you also serve managed care clients, this means starting Jan. 1, your plan(s) may expect you to collect copayments for some or all of the services you charge open-card clients copayments for.

#### Do plans have to charge copayments?

No. Most plans have chosen not to charge copayments.

#### How will I know what copayments plans are charging?

You will need to contact the plan for this information. AVR and Web portal tell you which services that DMAP applies a copayment to, but plans may choose to apply copayment to only some of the services on DMAP’s list.

## Where can I find out more information?

See Oregon Administrative Rule 410-120-1230 (Client Copayment). The proposed revision is available on DMAP's Proposed Rulemaking Notices and Hearings page at [www.dhs.state.or.us/policy/healthplan/rules/notices.html#genrules](http://www.dhs.state.or.us/policy/healthplan/rules/notices.html#genrules).

The General Rules provider guidelines at [www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/genrules/main.html) and the Copayment Frequently Asked Questions for providers at [www.oregon.gov/DHS/healthplan/data\\_pubs/faqs/faqprovcopay.shtml](http://www.oregon.gov/DHS/healthplan/data_pubs/faqs/faqprovcopay.shtml) include information about DMAP copayment amounts and services, as well as the services and clients that do not require copayment.

## Can a client be denied service solely because of an inability to pay a copayment?

No. This does not relieve the client of the responsibility to pay and it does not stop the provider from attempting to collect the copayments. The copayment is a legal debt, and is due and payable to the provider of service.

## I am a plan provider/member. When will the plan tell me what they are doing?

Medical and dental plans will communicate their specific copayment information to members and providers in December. This includes whether or not the plan will charge copayments.

## Do Medicare-Medicaid clients (BMM, BMD) pay a copayment?

Yes, for the applicable Medicaid services, if no copayment exemptions apply (see below).

## Do clients with OHP Supplemental dental and vision benefits pay a copayment?

Yes, if no other exemptions apply. For example:

- Some individuals age 19 and 20 are eligible for OHP Plus (BMH), which includes the supplemental dental and vision benefits. However, they are not exempt from copayments because they are age 19 or over. However, they may be exempt from copayments for other reasons, such as being pregnant

or receiving a service that is exempt, like family planning services and supplies.

- Clients who have the BMP benefit package are pregnant adults and are exempt from copayments because they are pregnant (not because they receive “BMP” benefits).

### Who is exempt from client copayments?

- Clients on the OHP Standard benefit package
- Pregnant women
- Children under age 19
- Clients who receive services under a home and community based waiver: These services include most in-home services or services in an adult foster home or other home or facility paid by Seniors and People with Disabilities
- Inpatients in a hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded (ICF/MR)
- American Indian/Alaska Native clients who are members of a federally recognized Indian tribe or receive services through a tribal clinic.

### How do I find out if someone needs to pay a copayment?

**For providers**, DHS is currently testing the 271 ([Eligibility Verification Response](#)). Clients with copayment responsibility should have a “B” listed in segment EB-01.

In the Provider Web Portal [HSC List and Benefits Inquiry](#) and [Automated Voice Response](#) (AVR):

- You can enter the client’s ID number to find out if the client’s benefit plan is subject to copayment.
- You can also enter the client’s ID number and the date/procedure code of the service to find out if the service is subject to copayment.

At this time, only AVR accounts for copayment exemptions (such as under age 19, or pregnant).

**Clients** can look at the “Copays?” field on page 2 of their coverage letter to see if they need to pay copayment. If they do, this field will contain a “Yes.” If they don’t, the field will contain a “No.”

## **Why are OHP Standard clients, who have more money than OHP Plus clients, not required to pay a copayment?**

In 2004, a court order required DHS to stop charging OHP Standard clients a copayment. This was because the court decided it was unfair to have OHP Standard clients pay both a monthly premium and service copayments.