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DMAP Quality Improvement and Medical Section

Number: DMAP IM 11-125

Authorized Signature

Issue Date: 12/16/2011

Topic: Medical Benefits

Subject: **Announcement:** New Managed Care Plan disenrollment options defined

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"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

The passage of Senate Bill 201 allows Oregon Health Plan clients the option to disenroll from their current managed care plan electively *once* during an enrollment period. This is in addition to other cause-based reasons for disenrollment requests.

The attached Quick Guide highlights new managed care plan (Plan) disenrollment options.

Some reminders about disenrollment requests:

- All clients on a case (except those with an active exemption or exception) enroll in the same Plan.
- Confirm the new Plan is open to new clients; availability may change monthly.
- Clients receive a new Coverage letter with Plan changes.
- To accommodate a thoughtful transition, clients should cancel existing appointments.
- The new Provider will need to resubmit Prior Authorizations, even if already approved.

Narrate disenrollment requests

Please narrate and document all disenrollment/enrollment reasons, for example:

- Does the client have a need not covered by the current Plan?
- Has the client tried to establish care with the current Plan? If not, why?
- If the client has access-to-care issues, include the provider or clinic names.

If you have any questions about this information, contact:

Contact(s):	Tonya Burckhardt, DMAP Prepaid Health Plan Coordinator		
Phone:	503-947-5243	Fax:	503-947-5221
E-mail:	Tonya.Burckhardt@state.or.us		

Plan Disenrollment Requests

Quick Guide

Caseworkers process *month-end* disenrollment requests. E-mail requests to CES for clients with **extenuating** circumstances and mid-month changes.

These disenrollment options (*without cause*) are based on a client:

- Without active exemptions or exceptions
- Benefit package that supports the request
- Plan is available for enrollment

Disenrollment Options	
Eligibility redetermination	Code OR: Clients may change Plans any time case eligibility is redetermined.
30-Day	Code EE: MMIS auto-enrolled or manual-enrolled error clients may disenroll within 30 days of the enrollment.
<i>-New-</i> 90-Day	Code EE: First-time OHP clients may disenroll within 90 days of their initial Plan enrollment.
6-Month	Code OR: Clients may disenroll after six-months in the Plan.
<i>-New-</i> SB 201	Code RC*: SB201 allows one Plan disenrollment per eligibility period. To maximize client disenrollment options, use the above options when possible, before using SB 201 rule. *E-mail SB201 requests to CES.

DMAP Client Enrollment Services (CES)

E-mail disenrollment/enrollment and exemption/exception requests to CES:

- GroupWise users: DMAP, CES
- Outlook users: DMAP CES (no comma)
- Users outside of the DHS|OHA network: ces.dmap@state.or.us

Disenrollment requests with third party liability

Contact the Health Insurance Group (HIG) at 503-378-6233 or fax 503-373-0358.

Client Questions

Clients may call DMAP Client Services Unit (CSU) 1-800-273-0557, Monday through Friday; 8:00 a.m. to 4:55 p.m. (closed 12:30 to 1:30 p.m.)