

Donald Ross, Manager
DMAP Policy and Planning Section

Number: DMAP-IM-11-127

Authorized Signature

Issue Date: 12/19/2011

Topic: Medical Benefits

Subject: **Announcement:** Client and provider announcements about OHP benefit changes for all clients, effective January 1, 2012

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:

Due to reductions of the state's general fund budget, there have been reductions to some client benefits beginning January 1, 2012.

Reductions will be made to dental benefits and thirteen lines will be removed from the Prioritized List of Health Services.

The following reductions will take effect January 1, 2012:

- Dental benefits will be reduced for adults age 21 and older with coverage through OHP Plus (BMH), OHP with Limited Drug (BMD and BMM) and CAWEM Plus (CWX).
- Thirteen (13) lines will be removed from the Prioritized List of Health Services, reducing benefits for all clients.

Also effective January 1, 2012, non-emergency hospital services will be covered for OHP Standard clients. These services are not funded by the state general fund but through a one percent hospital tax increase, approved by the legislature earlier this year.

See the attached client notice (page 3) for details about these changes.

OHP clients will receive a notice by mail on December 21, 2011. The notice will also be posted to the Client Announcements page at

<https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.client&s=1>.

A provider notice (page 10) will be posted to the Provider Announcements page at <https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.provider&s=1>. Email notification will be sent those subscribed to this page.

If you have any questions about this information, contact:

Providers contact:

Contact(s):	Provider Services		
Phone:	1-800-336-6016	Fax:	503-945-6873
E-mail:	dmap.providerservices@state.or.us		

Clients contact

Contact(s):	Client Services Unit		
Phone:	1-800-273-0557	Fax:	503-945-6898



500 Summer St NE E35

Salem, OR, 97301

Voice: 503-945-5772 or 1-800-527-5772

FAX: 503-373-7689

TTY: 711

www.oregon.gov/OHA/healthplan

Important information about your health care coverage

Dear OHP Client,

This letter is about three important changes to the services that are covered by the Oregon Health Plan (OHP). The first two changes only affect people in certain benefit packages. The third change affects **all** OHP clients. The name of your benefit package is listed on page 2 of your Coverage Letter.

1. Hospital benefits expanded for OHP Standard clients only

Beginning January 1, 2012, OHP Standard will cover scheduled, medically appropriate, inpatient and outpatient hospital care and surgeries, in addition to the current coverage of emergency hospital services. For example, OHP Standard clients will have coverage for scheduled non-emergency gallbladder surgery. Like current coverage, new coverage is subject to benefit package limitations and prior authorization requirements.

This change will make OHP Standard hospital benefits the same as hospital benefits for OHP Plus clients.

2. Dental benefits reduced for OHP Plus, OHP with Limited Drug and CAWEM Plus adults

Beginning January 1, 2012, certain dental benefits will **no longer** be covered by OHP (see attached Notice of Action) for clients who are age 21 and older and have OHP Plus, OHP with Limited Drug or CAWEM Plus coverage.

3. Benefit reductions for all clients

Beginning January 1, 2012, several services will **no longer** be covered by OHP (see attached Notice of Action).

We know the benefit reductions will be hard for you and your family. We regret that OHP will no longer be able to cover these services. Moving forward, we continue our work to improve Oregon's health system in order to reduce costs and improve care, even in this time of limited resources and expanding need.

Other helpful information

We have also included a *Did you know?* section that gives helpful resources available to you and information about what to do if you want a service that OHP will not pay for, or are billed for a covered service.

For help finding a provider or clinic or a place to get services that are not covered by OHP:

- Call 211, Monday to Friday, 8 a.m. to 6 p.m. If 211 is not in your area, call 1-866-698-6155, or
- Go to www.211info.org

If you have any questions about any of these changes or need to know what your benefit package is, please call OHP Client Services at 1-800-273-0557 (TTY 711) Monday through Friday, 8:00 a.m. to 12:30 p.m. or 1:45 p.m. to 4:55 p.m.

Sincerely,

Judy Mohr Peterson, Director
Division of Medical Assistance Programs
Oregon Health Authority

Notice of Action

Date issued: December 19 , 2011

Dental benefits reduced for OHP Plus, OHP with Limited Drug and CAWEM Plus adults

Beginning January 1, 2012, the dental benefits listed below will no longer be covered by OHP for clients who are age 21 and older and have OHP Plus, OHP with Limited Drug or CAWEM Plus coverage.

Changes for all adults (age 21 and older)

- Denture work: OHP will cover resin partial dentures for back teeth only when needed for chewing and at least six teeth are missing. Denture rebases and relines will be covered once every five (not three) years.
- Periodontal work (cleaning to remove plaque/tartar and repair gum disease [e.g., gingivitis]):
 - OHP will cover deep cleaning (scaling and root planing, full mouth debridement) once every three (not two) years.
 - OHP will cover follow-up treatment (periodontal maintenance) once every 12 months (not six months), and only when following periodontal work within the past three years.

If you need these services more often due to pregnancy, your dentist may ask OHP to cover them.

Changes for pregnant adults (age 21 and older)

- Denture work: Coverage will be the same as non-pregnant adult coverage.
 - OHP will cover new full dentures only after recent loss/removal of teeth.
 - OHP will **not** cover replacement of full dentures.
 - Denture adjustments and repairs will have annual limits of 2 to 4 times a year, depending on the type of adjustment or repair.
- Root canals on molars: OHP will cover root canals for first molars only (second molars no longer covered).

Benefit reductions for all clients

Funding for the OHP is based on the Prioritized List of Health Services. This is a list of health care conditions and their treatments. The most effective services are at the top of the list.

Beginning January 1, 2012, OHP will only cover the first 498 lines on the list. Treatment for the conditions listed below will no longer be covered.

None of the services being dropped are for life-threatening conditions.

Condition	Treatment description
Keratoconjunctivitis	Medical and surgical methods to help with inflamed or infected corneas (the clear outer portion of the eye)
Mutism	Talk therapy for a person who is unable to speak in certain situations
Hemorrhoids	Surgery to remove hemorrhoids that are causing pain or issues with stools; removal of a blood clot in a hemorrhoid
Chronic Otitis Media	Surgery to place tubes in the ears and/or remove tonsils in children with chronic fluid or infection in the inner ear; repair of certain injuries to the ear canal
Rectal prolapse	Surgery to replace rectal tissue into its correct location when it falls through the anal opening
Otosclerosis	Surgery to correct a bone growth in the inner ear that can cause hearing loss
Foreign body in ear/nose	Removing a foreign body (for example a Q-tip end) from the ear or the nose
Anal fistula	Surgery to correct a tear in the anal wall or a connection between the anus and the skin

Condition	Treatment description
Fractures of the vertebral column	Surgery to repair a broken bone in the back that has not injured the spinal cord
Conduct disorders	Counseling for children with conduct disorders such as delinquency or disruptive behavior
Disorders of the breast	Drainage or removal of breast cysts (collections of fluid) or removal of non-cancerous breast lumps
Disorders of the vagina	Drainage of infected areas, destruction of lesions, and repair of injuries to the vagina not resulting from childbirth
Cysts of Bartholin's gland	Drainage of infected areas or collections of fluid in the vaginal area

Currently more than 630,000 people receive OHP coverage. Only 4% of all OHP clients use the services listed above. This means that these changes may not affect you.

OHP still pays for the diagnosis

The visit to the doctor or provider to find out what is wrong is still covered, even if the treatment is not. In some cases, OHP will pay for treatment for a non-covered condition if you also have a covered condition that will not get better unless the non-covered condition is treated. Your doctor or provider will know if this applies to you.

You have the right to a hearing

If you disagree with the intended changes, you have the right to a hearing (see below). Requests for hearings must be made within 45 days (by February 6, 2012).

Information about your Hearing Rights

Under Oregon law, ORS 183.310(2)(a)(D), OAR 410-120-1860, OAR 410-120-1865, and OAR 410-141-0264, you have a right to a contested case hearing as provided by the Administrative Procedures Act (ORS chapter 183). The following administrative rules relate to this notice: OAR 410-120-0030, OAR 410 120-1210, OAR 410-120-1860, OAR 410-120-1865, OAR 410-123-1260, OAR 410-141-0520, OAR 410-410-0480, and OAR 410-141-0500.

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 state must receive your request form within 45 days following the date on this notice. The request should be sent to any DHS office. Call 1-800-699-9075 (TTY 711) for office locations. After receiving the request, the state will set a hearing date 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.

Questions?

Call OHP Client Services at 1-800-273-0557 if you have questions about this letter. They are here to help Monday through Friday, 8:00 a.m. to 12:30 p.m. or 1:30 p.m. to 4:55 p.m.

Call your OHP managed care plan, if you have questions about your coverage.

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.



Did you know?

Helpful resources available to you

WINTER 2011

OHP Client Handbook

The OHP Client Handbook includes helpful information for OHP clients. Topics include:

- How to know what your coverage is.
- How to make a complaint or appeal a denied service.
- What to do in an emergency.
- What to do if you get a bill.
- Who to call when you have questions or need help.
- Your rights and responsibilities.

To get the OHP Client Handbook:

- Go to <https://apps.state.or.us/cf1/DHSforms/Forms/Served/he9035.pdf>
- Call the OHP Central Processing Center at 1-800-699-9075, Monday to Friday, 7 a.m. to 6 p.m.

Notice of Privacy Practices

The Notice of Privacy Practices was revised this summer to include information about the Oregon Health Authority (OHA).

The Notice of Privacy Practices will tell you how the Department of Human Services (DHS) and OHA may use and disclose health information about you.

Your health information may be shared between DHS, OHA and your health care providers to determine eligibility, coordinate your care and for treatment, payment and health care operations.

To get the Notice of Privacy Practices:

- Find the form online at: <https://apps.state.or.us/Forms/Served/me2090.pdf>
- Pick one up at a DHS office (call 1-800-699-9075 for locations)
- Call the OHP Central Processing Center at 1-800-699-9075, Monday to Friday, 7 a.m. to 6 p.m.

Diabetic Supplies available in pharmacies

You can now get diabetic supplies at your pharmacy. Pharmacies, including Wellpartner (see next page) can now provide the following types of diabetic supplies:

- Blood glucose test or reagent strips
- Normal, high, low calibrator solution/chips
- Lancing devices
- Lancets
- Home blood glucose monitors
- Insulin syringes

You can still get supplies from your current diabetic supplier.

Your pharmacy is just one more option for getting the diabetic supplies you need.

Call 211 for local resources available to you

Oregon has more than 4,500 health and social service programs. Do you know how to find them? 211info can help.

Like 911, 211 is an FCC-designated phone number. 211 staff are trained and compassionate. They will tell you what public and private resources are available in your area. For example, they can help you find resources for housing, food, financial assistance, parenting and more.

- Call 211, Monday to Friday, 8 a.m. to 6 p.m. If 211 is not live in your area, call 1-866-698-6155, or
- Go to www.211info.org

Oregon Quit Line – Need help quitting tobacco?

You want to quit. The Oregon Quit Line can help. When you call the Oregon Quit Line, they will help you create an easy-to-follow Quitting Plan that will show you how to get ready, take action and live the rest of your life tobacco free. The Oregon Quit Line is free and available to **all** Oregon residents, so tell a friend or loved one too.

Quitting tobacco is the best thing you can do for your health, but staff at the Oregon Quit Line will never pressure you to quit before you're ready. Oregon Quit Line staff use proven techniques developed and tested over the past 25 years, and have helped hundreds of thousands of people successfully quit tobacco. They can help you too.

To get started:

- Go to www.quitnow.net/oregon/, or
- Call 1-800-QUIT-NOW (1-800-784-8669), daily, 4 a.m. to 12 a.m. (Pacific time).

Flu season is here

The flu has arrived in Oregon and the best time to get a flu shot is **right now**. Flu shots for you, your family and friends are the best way to avoid the flu. Flu shots are available at most health care providers offices and pharmacies. Flu shots are free to OHP clients. Talk to your provider or pharmacy for more information.

In addition to a flu shot, these simple, steps will help you stay healthy and protected from the flu virus:

- Cover your nose and mouth with a tissue when you cough or sneeze and then throw the tissue in the trash.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand sanitizers are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Avoid close contact with sick people.
- Stay home if you become sick.

To find out where you can get your flu shot, call 1-800-978-3040.

Make the most of your doctor visits

Before your appointment or in the waiting room, write down everything you want to ask or tell your doctor. Include:

- Changes in your appetite, mood, body or sleep patterns.
- Your health history. Remember, it's important to share any information you can, even if you're embarrassed.
- All medicines, vitamins or supplements you take. Bring them with you or make a list. Include the name, strength and how often you take them. For example, Vitamin C – 500 mg, two times per day.
- Any allergies to medications or side effects your medicines cause you.

At your appointment, don't be afraid to speak up. If your doctor tells you something you don't understand, ask questions. If you don't ask questions, your doctor will think you understand everything he or she has told you.

24/7 Nurse Advice Line for health care advice

Sometimes when you or your child gets sick or hurt, you do not know if you need to see a doctor or not. Other times, you know you need medical care, but you don't know if you should wait to see your regular provider or go to an urgent care center or hospital emergency room.

If you are **not** enrolled in an OHP managed care plan, you may call the Nurse Advice Line at 1-800-562-4620. The nurse will ask some questions, then help you decide where to get treatment. Maybe you do not need a trip to the hospital. The nurse may even call back later to see how you are.

The nurses are available 24 hours a day, seven days a week. This service is free. For more information, visit the OHP Care Coordination Web site at www.ohpcc.org.

Contact your OHP managed care plan for the number of their nurse advice line.

Living Well with Chronic Conditions workshop

Do you or a loved one have a health condition like diabetes, arthritis, asthma, depression, heart disease, chronic pain or anxiety?

Join a free* 2 ½ Living Well workshop, held each week for six weeks. Learn from trained volunteer leaders with health conditions themselves about how to set your own goals and make a step-by-step plan to improve your health – and your life. Workshops are fun and interactive.

*Some sites charge a small registration fee. Scholarships are available.

Feel better. Be in control. Do the things you want to do.

Find out about Living Well workshops in English or Spanish at:

- 1-888-576-7414, or
- Go to www.healthoregon.org/livingwell.

Wellpartner – OHP’s free mail order pharmacy

Getting prescriptions at home is fast, easy and free. Why should you use a mail order pharmacy?

- No copayments and order up to a 3-month supply at one time.
- Order refills by mail or phone and they will mail you reminders.
- Providers can send your prescriptions to Wellpartner for you.
- Switch prescriptions from a drug store to Wellpartner with one phone call.

To sign up, call Wellpartner at 1-877-935-5797, Monday to Friday, 7:30 a.m. to 5:30 p.m.

Enrolled in a managed care plan? Call your plan’s Member Services line to find out if they offer mail order pharmacy services.

Be the first to find out about changes to OHP

eSubscribe to the OHP Client Announcements page to receive free e-mail updates! Go to <https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.client&s=1>; click the green eSubscribe envelope to get started. It’s fast, secure and easy.

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Oregon Health Plan
Department of Human Services

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[DHS home](#) | [OHP home](#) | [OHP Client announcements](#)

OHP client announcements

Keep informed:

- [eSubscribe to receive Client announcement e-mail updates](#)
- [eSubscribe to more Oregon Health Plan e-mail updates](#)

If you need a copy of an older announcement, contact DMAP Client and Provider Education at 800-527-5772 or e-mail dmap_distribution@state.or.us.

Search Title
(All files are in PDF format.)

1 - 7 of 7 records

Posted	Title	Audience	Category
11/21/2011	Cash Medical Support letters	Affected Clients	Other
08/25/2011	DME Access Issues	Affected Clients	Other
06/29/2011	Expanded benefits for some pregnant CWM clients	Affected Clients	Coverage information
06/17/2011	Pharmacy benefit changes 7/17/11	Affected Clients	Other
01/07/2011	CAWEM Plus Prenatal (CWX) added to Lane County (English/Spanish)	Affected Clients	Coverage information
12/15/2010	Deschutes County clients will receive chemical dependency services through COIHS effective Jan. 1, 2011	Affected Clients	Managed care enrollment
12/15/2010	Clients in Deschutes, Crook and Jefferson counties and some Klamath County ZIP codes 97731, 97733, 97737 and 97739 will enroll in COIHS mental health plan effective Jan. 1, 2011	Affected Clients	Managed care enrollment

I want a service that OHP will not pay for. Now what?

OHP does not cover all services. If you want a service that is not covered, you have a choice to make, you can:

- Ask your doctor or health care provider (provider) if there are other treatments that OHP does pay for that might help your condition.
- Ask for a hearing. To do this, fill out an Administrative Hearing Request (DHS 0443) and return it to a DHS office. You can get this form at any DHS office (call 1-800-699-9075 for locations) or online at <http://dhsforms.hr.state.or.us/Forms/Served/DE0443.pdf>. Staff will set up a meeting with you to discuss your request.
- Pay for the treatment yourself. Before providing a service that is not covered by OHP, your provider must have you sign an agreement to pay. The agreement must include:
 - The name or description of the service; and
 - That you know the service is not covered by OHP; and
 - An estimate of how much you will need to pay.

What should I do if I get a bill?

Do not pay it! If you get a bill that says “do not pay” or “your insurance has been billed,” you don’t need to do anything at that time. But, if the bill says you owe money, you should:

- Make sure your provider’s office knows you are an OHP client and has your Client ID number.
- Call your provider’s office. Make sure they have billed OHP or your managed care plan.
- If you still get a bill, call:
 - Your managed care plan, or
 - The Client Services Unit at 1-800-273-0557 (TTY 711) Monday to Friday, 8 a.m. to 12:30 p.m. or 1:45 to 4:55 p.m.

When will you have to pay for services you receive?

You **may** have to pay for services that are covered by OHP, if you:

- See a provider who isn’t enrolled with OHP or your managed care plan. Not all providers, pharmacies or laboratories accept OHP. Ask your provider if they accept OHP **before** getting services.
- Don’t tell your provider you have OHP.

You **will** have to pay for services you receive:

- When you are not eligible for OHP.
- During an appeal, grievance or hearing if the action is denied.
- If you sign an agreement to pay and the service is not covered by OHP.

Getting care outside Oregon

OHP may pay for services provided outside of Oregon under certain conditions, such as a medical emergency, or if the service is not readily available from an Oregon provider. If you get services outside of Oregon, inform the provider that you are on OHP (Oregon Medicaid). Show the provider your DHS Medical Care ID card.

An out-of-state provider must agree to enroll as an OHP provider before payment for services may be made. If the provider does not agree to enroll, you are responsible to pay for the services.



December 19, 2011

**Subject: January 2012 benefit changes for all
Oregon Health Plan (OHP) clients**

500 Summer St NE E35
Salem, OR, 97301
Voice: 503-945-5772 or 1-800-527-5772
FAX: 503-373-7689
TTY: 711
www.oregon.gov/OHA/healthplan

Dear OHP Provider:

Due to reductions of the state's general fund budget, there have been reductions to some client benefits beginning January 1, 2012. We understand changes to benefits are difficult for your clients and we appreciate your hard work and dedication to those you serve.

Reductions will be made to dental benefits and thirteen lines will be removed from the Prioritized List of Health Services.

The following reductions will take effect January 1, 2012:

1. Dental benefits will be reduced for adults age 21 and older with coverage through OHP Plus (BMH), OHP with Limited Drug (BMD and BMM) and CAWEM Plus (CWX).
2. Thirteen (13) lines will be removed from the Prioritized List of Health Services, reducing benefits for all clients.

Also effective January 1, 2012, non-emergency hospital services will be covered for OHP Standard clients. These services are not funded by the state general fund but through a one percent hospital tax increase, approved by the legislature earlier this year.

Oregon Administrative Rules will be revised to reflect these changes, including General Rules (410-120), Dental (410-123) and OHP Administrative Rules (Managed Care) (410-141).

All OHP households that will be affected have received letters letting them know of the changes relevant to them. The letter can be found at <https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.client&s=1>.

Thank you for your continued support and service to Oregon's most vulnerable people. We know reductions of any kind are difficult for you, your staff and clients. Moving forward, we hope to continue working together to improve Oregon's health delivery system for better health, better care and lower costs, offsetting the need for deeper reductions in a time of limited resources and expanding need.

Please feel free to contact DMAP Provider Services Unit if you have questions regarding this information: 1-800-336-6016 or dmap.providerservices@state.or.us.

The Provider Services Unit is available Monday through Thursday from 8:30 a.m. to 4:30 p.m. and Friday from 10:00 a.m. to 4:30 p.m. (Phone lines are closed daily between 11:25 a.m. to 12:30 p.m.)

Sincerely,

Judy Mohr Peterson, Director
Division of Medical Assistance Programs
Oregon Health Authority

OHP Standard (KIT) expanded hospital benefits

OHP Standard coverage will expand to allow non-emergency hospital services for clients beginning January 1, 2012. This means OHP Standard clients will be covered for scheduled, medically appropriate, inpatient and outpatient hospital care and surgeries, in addition to benefit plan limitations and prior authorization requirements.

This change will make OHP Standard hospital benefits the same as hospital benefits for OHP Plus clients.

Dental benefit reductions

Beginning January 1, 2012, the following dental benefit changes will take effect for clients age 21 and older who have coverage through OHP Plus (BMH), OHP with Limited Drug (BMD and BMM) or CAWEM Plus (CWX).

Dental service changes effective January 1, 2012

All adults	Dentures	<p>Resin partial dentures (D5211-D5212) for posterior teeth: New criteria for coverage (six or more missing teeth, not including third molars, with documentation by the provider of resulting space causing serious impairment to mastication).</p> <p>Rebases and relines: Coverage limited to once every five years. There must be documentation of a failed reline for coverage of a rebase.</p>
	Periodontic services	<p>Scaling and root planing (D4341, D4342) and full mouth debridement (D4355): Coverage limited to once every three years.</p> <p>Periodontal maintenance (D4910): Coverage limited to once every 12 months, and only when following periodontal therapy within the past three years.</p> <p><i>More frequent periodontic services that are medically/dentally necessary due to pregnancy will require prior authorization.</i></p>
Pregnant adults	Dentures	<p>Full dentures: Coverage now subject to the same criteria as non-pregnant adults (recent edentulousness and no replacement of full dentures).</p> <p>Adjustments and repairs: Coverage now subject to the same maximum annual limits as non-pregnant adults:</p> <ul style="list-style-type: none"> ■ Adjustments and repairs covered a maximum of 4 times per year for codes D5410-D5422, D5520, D5640 and D5650; ■ Repairs covered a maximum of 2 times per year for codes D5510, D5610, D5620, D5630, and D5660.
	Endodontic therapy	<p>Molar endodontic therapy (D3330): Coverage limited to first molars (second molars no longer covered).</p>

Prioritized List of Health Services

OHP will only cover the first 498 lines on the Prioritized List of Health Services* beginning January 1, 2012.

* A new Prioritized List will go into effect on January 1, 2012. Eight lines were split to form multiple new lines so that line 511 on the new Prioritized List is equal to the current list's funding line, line 502. Therefore, eliminating coverage for lines 511-499 will make line 498 the funding line for the new list. The Prioritized List can be found on www.oregon.gov/OHA/OHPR/HSC.

Condition	Treatment description
Keratoconjunctivitis	Medical and surgical methods to help with inflamed or infected corneas (the clear outer portion of the eye)
Mutism	Talk therapy for a person who is unable to speak in certain situations
Hemorrhoids	Surgery to remove hemorrhoids that are causing pain or issues with stools; removal of a blood clot in a hemorrhoid
Chronic Otitis Media	Surgery to place tubes in the ears and/or remove tonsils in children with chronic fluid or infection in the inner ear; repair of certain injuries to the ear canal
Rectal prolapse	Surgery to replace rectal tissue into its correct location when it falls through the anal opening
Otosclerosis	Surgery to correct a bone growth in the inner ear that can cause hearing loss
Foreign body in ear/nose	Removing a foreign body (for example a Q-tip end) from the ear or the nose
Anal fistula	Surgery to correct a tear in the anal wall or a connection between the anus and the skin
Fractures of the vertebral column	Surgery to repair a broken bone in the back that has not injured the spinal cord
Conduct disorders	Counseling for children with conduct disorders such as delinquency or disruptive behavior
Disorders of the breast	Drainage or removal of breast cysts (collections of fluid) or removal of non-cancerous breast lumps
Disorders of the vagina	Drainage of infected areas, destruction of lesions, and repair of injuries to the vagina not resulting from childbirth
Cysts of Bartholin's gland	Drainage of infected areas or collections of fluid in the vaginal area

Questions?

If you have any questions about this announcement, contact the Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:30 p.m. and Friday 10 a.m. to 4:30 p.m. (closed 11:25 a.m. to 12:30 p.m. daily).

Stay informed with eSubscribe

Sign up for eSubscribe to receive free e-mail updates on important OHP changes affecting you. Go to www.oregon.gov/OHA/healthplan/notices_providers/main.shtml and click on the green eSubscribe envelope.

You can choose which alerts you want to receive. It's fast, secure and easy.

Help us improve future announcements:

Go to our [provider announcement feedback page](#) and answer six short questions about this letter.



January 2012 benefit changes/reductions for all clients

Staff phone script

Background

Due to reductions of the state's general fund budget, there have been reductions to some client benefits beginning January 1, 2012.

Reductions will be made to dental benefits and thirteen lines will be removed from the Prioritized List of Health Services.

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The client notice about these changes can be found at <https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.client&s=1>.

The provider announcement about these changes can be found at <https://apps.state.or.us/cf1/OHP/index.cfm?fuseaction=controller.provider&s=1>.

Support statements

We understand changes to benefits are difficult for clients and their families and we know the inconveniences this may cause. Please know that no services being cut are life threatening and clients should feel free to contact their doctors to schedule exams or answer questions regarding their health.

Questions and answers

Why are OHP Standard benefits expanding while other benefits are being cut?

Non-emergency hospital services will be covered for OHP Standard clients beginning January 1. These services are not funded by the state general fund but through a one percent hospital tax increase, approved by the legislature earlier this year. This allows OHP Standard patients to seek care, potentially catching treatable conditions before they become an emergency.

What should I do if I need a service that is no longer covered?

Please call your doctor and schedule an appointment to find out what's wrong. The visit to your doctor to find out what's wrong is still covered, even if the treatment is not covered and there may be other treatment options. Your doctor will know what's covered or not. In some cases, treatment is available for a non-covered condition if you also have a condition that is covered, but will not get better without the non-covered treatment.

Do not delay seeing your doctor or provider to find out what is wrong. The visit to the doctor or provider to find out what is wrong is still covered, even if the treatment is not. In some cases, OHP will pay for treatment for a non-covered condition if you also have a covered condition that will not get better unless the non-covered condition is treated. Your doctor or provider will know if this applies to you.

OR

If you already know your condition is not covered, 211 Info may be able to help. 211 Info can help you find a place to get services that are not covered by OHP. 211 Info is available:

- By phone, dial 211, Monday to Friday, 8 a.m. to 6 p.m. If 211 Info is not available in your area, call 1-866-698-6155, or
- Online at www.211info.org

I have an appointment after January 1 for a service that is being cut. What should I do?

Call your doctor and see if you can reschedule your appointment for a date before January 1. If that is not possible, we will not be able to cover the services after January 1. 211 Info may be able to help. 211 Info can help you find a place to get services that are not covered by OHP. 211 Info is available:

- By phone, dial 211, Monday to Friday, 8 a.m. to 6 p.m. If 211 Info is not available in your area, call 1-866-698-6155, or
- Online at www.211info.org

What new hospital services are covered for clients with OHP Standard coverage?

Prior to this change, OHP Standard only covered emergency hospital services. Beginning January 1, 2012, OHP Standard will cover scheduled, medically appropriate, inpatient and outpatient hospital care and surgeries. For example, OHP Standard clients will have coverage for scheduled non-emergency gallbladder surgery.

Like current coverage, new coverage is subject to benefit package limitations and prior authorization requirements. This change makes OHP Standard hospital benefits the same as hospital benefits for OHP Plus clients.

What is 211 Info?

211 Info staff can help put you in touch with the more than 4,500 Oregon health and social service programs.

211 Info staff are trained and compassionate. They will tell you what public and private resources are available in your area. For example, they can help you find resources for housing, food, financial assistance, parenting and more.

211 Info staff are available:

- By phone, dial 211, Monday to Friday, 8 a.m. to 6 p.m. If 211 Info is not available in your area, call 1-866-698-6155, or
- Online at www.211info.org

Where can I get a flu shot?

To find out where you can get your flu shot, call 1-800-978-3040.

I got a bill from my provider, what should I do?

Do not pay it! If you get a bill that says “do not pay” or “your insurance has been billed,” you don’t need to do anything at that time. However, if the bill says you owe money, you should:

- Make sure your provider’s office knows you are an OHP client and has your Client ID number.
- Call your provider’s office. Make sure they have billed OHP or your managed care plan.
- If you still get a bill, call:
 - Your managed care plan, or
 - The Client Services Unit at 1-800-273-0557 (TTY 711) Monday to Friday, 8 a.m. to 12:30 p.m. or 1:45 to 4:55 p.m.