

Jon Pelkey, Manager
 DMAP Quality Improvement and Medical Section

Number: DMAP-IM-12-009

Authorized Signature

Issue Date: 01/23/2012

Topic: Medical Benefits

Subject: Client announcement: 6,500 tri-county mental health plan enrollment changes, effective February 1, 2012

Applies to:

- All DHS employees
- Area Agencies on Aging
- Children, Adults and Families
- County DD Program Managers
- County Mental Health Directors
- Seniors and People with Disabilities
- Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists

Message:

DMAP mailed the attached letter to approximately 6,500 tri-county OHP clients. It tells the affected clients we changed their mental health plan because of an error with mismatched *medical* and *mental* health plan enrollment. We corrected and changed their mental health plan enrollment. Client benefits remain the same. In many cases, they may even see the same mental health provider because most providers contract with all plans.

Clients will receive the attached letter and a new Coverage letter that lists their new mental health organization (MHO).

We fixed the MHO mismatches, effective February 1, 2012. DMAP will continue to monitor for mismatches on a monthly basis.

Here is more information and a guide to help answer client questions or concerns.

Issue	Answer
What caused the error?	<p>The tri-county area is the only place in the State offers more than one mental health plan.</p> <p>The error occurs when a tri-county client moves within the tri-county area or changes medical health plans. MMIS logic does not match (or</p>

	<p><i>marry</i>) the client to the correct mental health plan.</p> <p>All FamilyCare medical clients must enroll with the FamilyCare mental health organization (MHO). Mental health plan enrollment for all other clients are:</p> <ul style="list-style-type: none"> • Multnomah County (<i>CareOregon, Providence and Kaiser</i>) medical clients enroll in Verity MHO • Clackamas County (<i>CareOregon, Providence, MPCHP – Marion Polk Community Health Plan and Kaiser</i>) medical clients enroll in Clackamas MHO • Washington County (<i>CareOregon, Providence and Tuality</i>) medical clients enroll in Washington County Health Dept MHO
Were all mismatched enrollments corrected?	Mental health plans reviewed the enrollment mismatch list for clients requiring provider stability and they were not changed at this time.
Client choice	Answer
Can I choose a mental health plan?	Clients <u>only</u> choose medical and dental health plans. The <i>medical health plan choice determines the mental health plan enrollment.</i>
I like my provider and want to stay.	<p>The letter directs clients to call their current mental health plan and explain why they do <u>not</u> want to change. Plans will contact DMAP Client Enrollment Services if the plan approves. The client does not make this decision.</p> <p>Under the new Senate Bill 201 (see attached <i>Plan Disenrollment Requests Quick Guide</i>) clients may have more options to disenroll from a plan.</p> <ul style="list-style-type: none"> • A client must change their medical plan to <i>change or keep</i> the mismatched mental health plan in the tri-county area. • The entire case must also disenroll. <p>Please note: Because the change is an error correction, it is <u>not</u> an <u>auto-assignment</u>. Therefore, the 30-day disenroll option does not apply.</p>

If you have any questions about this information, contact:

Contact(s):	Suzanne Hart, DMAP Prepaid Health Plan Coordinator		
Phone:	503-945-6977	Fax:	503-947-5221
E-mail:	Suzanne.M.Hart@state.or.us		



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FAX: 503-373-7689
TTY: 711
www.oregon.gov/OHA/healthplan

January 20, 2012

<First name> <Last name>
<Address 1>
<Address 2>
<City>, OR <Zip>

We recently learned that due to a computer system error, we enrolled you in the wrong mental health plan. We are changing your enrollment from your current mental health plan to the correct mental health plan. We will mail you a new coverage letter on January 26, 2012, that shows your new mental health plan. We apologize for this error.

What was the error?

When you enrolled in OHP, you chose a *physical* health plan and a *dental* plan. We chose the *mental* health plan by matching it to your physical health plan. However, we discovered that your mental health plan did not correctly match your physical health plan enrollment.

How does this impact you and what should you do?

Your benefits stay the same. Your physical health plan stays the same. However, if you are seeing a mental health provider, there are easy steps you may take to see if your provider contracts with the new plan. After you get your coverage letter showing the name of the new plan, you may:

- Check with your current mental health plan to see if your provider contracts with your new plan. Most mental health providers work with all the plans in your area.
- If your current mental health provider does not contract with your new plan and you think it is important for your treatment to keep the same provider, ask your current mental health plan if you can remain with them.

Again, we are sorry for any inconvenience this may cause you. If you need help understanding this change, you may call our Client Services Unit at 1-800-273-0557.

Jon Pelkey, Manager
Quality Improvement and Medical Section
Division of Medical Assistance Programs

Plan Disenrollment Requests

Quick Guide

Caseworkers process *month-end* disenrollment requests. For clients with extenuating circumstances or mid-month changes, e-mail 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 (without cause) requires:

- No active exemptions or exceptions;
- Benefit package that supports the request;
- Plan is available for enrollment.

Reminders about disenrollment

- Plan to plan only. Clients may not go from Plan to fee-for-service (open card).
- All clients on a case (except those with active exemption or exception) enroll in the same Plan.
- Clients receive a new Coverage letter with Plan changes.
- To accommodate a thoughtful transition, clients should cancel existing appointments.
- The new Provider must resubmit Prior Authorizations to the new Plan, even those already approved by the prior Plan.

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.

Disenrollment requests with third party liability

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

Client and staff questions

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.)

Disenrollment options and codes on next page

Disenrollment Options and Codes

Eligibility redetermination	Clients may change Plans any time case eligibility is redetermined. <i>Code OR</i>
30-Day	Erroneously auto- or manual-enrolled clients may disenroll within 30 days of the enrollment. <i>Code EE</i>
-New- 90-Day	First-time OHP clients may disenroll within 90 days of their initial Plan enrollment. <i>Code EE</i>
6-Month	Clients may disenroll after six-months in the Plan. <i>Code OR</i>
-New- SB 201	<p>Clients have the option to disenroll from their current managed care plan electively <i>once</i> during an enrollment period. This is in addition to other cause-based reasons for disenrollment requests.</p> <p>To maximize client disenrollment options, use the above options when possible, before using SB 201.</p> <p>E-mail SB201 requests to CES. <i>Code RC</i></p>