

Chris Barber, Manager
DMAP Medical Management Section

Number: DMAP-IM-12-095

Authorized Signature

Issue Date: 09/25/2012

Topic: Medical Benefits

Subject: New processes to be followed by DMAP Hearings Unit

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): DMAP staff and plans |
| <input type="checkbox"/> | County DD Program Managers | | |

Message:

Earlier this year, DMAP formed the Hearings Streamlining workgroup with managed care plan representatives and DMAP staff involved in the state contested case hearing process. The workgroup has identified two new time-saving work protocols for Plans and DMAP staff. They are:

1. A new form (page 3) to reduce the phone calls between DMAP Hearing Representatives and Plan staff. DMAP Hearings Representatives will use this form to:
 - Inform the Plan that their Notice of Action (NOA) is not legally sufficient.
 - Request documentation needed for a Hearing.
 - Request the criteria necessary to support the Plan's denial.
 - Let the Plan know that DMAP received documents that may have violated HIPAA regulations because they are not relevant to the denial under review.

If the Plan cannot send the requested information to DMAP within the timeline shown on the form, the Plan should send the information, marked as exhibits, directly to the Administrative Law Judge, the member, their representative, and DMAP. DMAP Hearing Representatives will include the form in the case file as proof that we requested the information.

2. A new process that allows Plans to e-mail requested documents directly to the DMAP Hearing Representative, rather than fax them to a busy fax machine.

Note: When e-mailing sensitive, private documents be sure to do it securely by sending it from your own secure e-mail system, or sending in response to a secure e-mail you receive from DHS/OHA. To learn more about DHS/OHA's secure e-mail system, go to http://www.oregon.gov/oha/admin/infosec/pages/secure_email.aspx.

We believe these two new practices will create a more efficient process for both Plans and DMAP, and really appreciate the thought and time the workgroup has spent helping us look for leaner ways to work together.

If you have any questions about this information, contact:

Contact(s):	Tawnya Elmore, DMAP Hearings Representative
Phone:	503-947-5254
E-mail:	tawnya.elmore@state.or.us



HEALTH CARE PROGRAMS
Division of Medical Assistance Programs

John A. Kitzhaber, M.D., Governor



Date:	
To:	
From:	
Re:	
OHP ID:	

Hearings Section
500 Summer St NE E49
Salem, OR, 97301
503-945-5772 or 1-800-527-5772
Fax: 503-945-6035
www.oregon.gov/OHA/healthplan

Dear Managed Care Partner,

I am requesting one or more of the following items because the documents (exhibits) you submitted do not clearly support your action, or they lack required elements, as checked below. As a result, we currently cannot support the action.

Please send the requested information to the DMAP Hearings Section, clearly marked with the client's OHP ID, by _____

If we do not receive the information by the deadline, **you must** send the materials, clearly marked as exhibits, directly to the Administrative Law Judge, the member/representative and DMAP.

- The Notice of Appeal Resolution is not legally sufficient.
Note: The Administrative Law Judge will base the hearing on the Notice of Appeal Resolution.
 - It cites the wrong Oregon Administrative Rule (OAR). Find OARS at: <http://www.dhs.state.or.us/policy/healthplan/guides/main.html>
 - It does not cite the specific OAR subsection used to support the action.
 - The reason for the action is not legally sufficient and needs to be more specific.
 - The reason for the action is written in medical terminology and not plain language.
- Please provide documentation to show that you:
 - Checked for co-morbid conditions.
 - Verified member eligibility and benefit package.
 - Addressed all diagnoses submitted on the prior authorization request.
 - Other: _____
- Please provide the associated drug formulary and/or criteria necessary to support the denial.
- Please provide a signed copy of the *OHP Member Agreement to Pay for Health Services form*.
Note: Providers cannot bill OHP members for services unless the patient signed this document containing all required information.
- Please re-submit **only** those documents that support the action contested in this hearing. We are unable to determine if all the documents you submitted were in support of the action. Because it is a HIPAA violation to submit documents that are not required (e.g., entire case history) we have securely recycled the materials you sent.
- Other: _____

Thank you,
Your DMAP Hearing Representative