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DMAP Delivery Systems and Hearing Section

Number: DMAP-IM-13-012

Authorized Signature

Issue Date: 02/13/2013

Topic: Medical Benefits

Subject: Plan members in Klamath County voluntary service areas are allowed to disenroll due to extenuating circumstances

Applies to:

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

Message:

Effective 2/01/2013, Klamath County ZIP codes 97425, 97621, 97622, 97623, 97632, 97633, 97634 and 97639 are voluntary enrollment areas.

If Oregon Health Plan (OHP) members in these ZIP codes request disenrollment from Cascade Comprehensive Care, please accept their requests. DMAP will process them using the RC (Recipient Choice) exception code.

E-mail disenrollment requests to CES:

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

This exception to the 6 month rule applies to Klamath County only, until a Coordinated Care Organization becomes available in Klamath County. This does not change a member's right to change within the 30 day period.

Please review the attached Enrollment Quick Guide for the reasons members may ask for a change in their health plan enrollment.

If you have any questions about this information, contact:

Contact(s):	Patricia Krewson, DMAP Delivery Systems Manager
E-mail:	patricia.krewson@state.or.us

Medical and Dental Plan Disenrollment Requests

Quick Guide

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

- Without active exemptions or exceptions
- Benefit package that supports the request
- In an area where more than one Medical or Dental Plan is available for enrollment

Each of these options is available once per eligibility period.

Caseworkers process these disenrollment requests at month-end.

Send requests with **extenuating** circumstances or mid-month changes to CES.

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.
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.

Available once per eligibility period

Send these disenrollment requests to CES.

Recipient Choice <i>Effective 7/1/11</i>	Code RC: Clients may request to change their Plan once per eligibility period, when no other disenrollment options are available.
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DMAP Client Enrollment Services (CES)

E-mail disenrollment/enrollment and exemption/exception requests to 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) at 1-800-273-0557, Monday through Friday; 8:00 a.m. to 4:55 p.m. (closed 12:30 to 1:30 p.m.)