



**Division of Medical Assistance Programs**

**Information Memorandum  
Transmittal**

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**Number:** DMAP IM 14-023

**Issue Date:** 6/24/2014

*Authorized Signature*

**Topic:** Medical Benefits

**Subject:** Client announcement: More Breast and Cervical Cancer Treatment Program clients' dental care going to CCOs effective no later than Aug. 1, 2014

**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

**What?**

More coordinated care organizations are adding dental health care coverage to their services making it possible to “pick up” more clients through the Breast and Cervical Cancer Treatment Program (BCCTP), and allowing these clients to receive their dental coverage through their CCO. These clients will be moved from CCOB to CCOA. Their benefit level will not change.

**When?**

We will mail letters to all affected clients by July 1, 2014 to give 30-day notice. Also, CCOs are allowing clients to request their dental be included in their coverage as soon as July 1. Clients are allowed to call Customer Services Unit and request that their dental coverage be placed in their CCO effective after July 1 and no later than Aug. 1. Staff: please do not enroll clients before July 1.

Whoever does not call to request earlier CCO dental enrollment will be auto-enrolled for CCOA effective Aug. 1.

Clients will also receive notification of this change directly from their CCO, and an MMIS Coverage Letter when the enrollment change takes place. Coverage letters sent as a result of this roll-over will list the OHP Customer Service (branch 5503) as the return address.

DMAP will process this change using the Stop Reason RO – Roll-over code.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Deborah Weston, Policy Analyst, DMAP Policy and Program		
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June 27, 2014

Client ID number:

## **Important information about your dental health care**

Dear Oregon Health Plan (OHP) client,

Your coordinated care organization (CCO), <<CCO name>> will start providing your dental coverage on August 1, 2014. This means your CCO will coordinate your physical, mental and dental health care needs making it easier for your providers to work together. This change will also help with access to services.

### **You can make this change happen sooner**

If you would like this change sooner than August 1, call the Client Services Unit at 1-800-273-0557. The Client Services Unit is available Monday through Friday, 8:00 a.m. to 5:00 p.m. You can start your dental coverage through your CCO as soon as July 1, 2014.

If you do not call, we will begin your dental coverage through your CCO on August 1.

### **Your Oregon Health Plan benefits will stay the same.**

There will be no change to your current benefits. All of the same services will still be covered.

## **There will be no break in your care**

Most dental providers work with the CCOs so it is likely you can continue seeing your current dentist through your CCO. The CCO will work with you so that there is no break in your care.

## **Prior authorization for urgent dental care services**

If you have been pre-approved for dental services, your CCO will work with you to transition your care. Your current appointments will not change until your CCO works with you to transition your care.

## **ID card**

You can still use your Oregon Health ID card or DHS Medical Care ID card. Both cards are accepted.

## **Medicare and Medicaid members**

Medicare benefits and coverage will not change. If you receive both Medicare and Medicaid, you do not have to be in a CCO. You can ask to change your enrollment to fee-for-service at any time. This means that you can see any provider who accepts Oregon Health Plan clients. They must also accept Medicare coverage since Medicare is the primary payer before OHP. Please call your case manager if you have any questions.

## **American Indians and Alaska Natives**

If you are an American Indian or an Alaska Native you do not have to be in a CCO. You can ask to change your enrollment at any time by calling **1-800-699-9075**.

## **Questions**

- Call OHP Customer Service at 1-800-699-9075 (available from 7 a.m. to 6 p.m., Monday through Friday) if you need this letter in another language or format, such as large print, Braille, audio recording, Web-based communications, and other electronic formats.
- Medicare recipients who receive benefits from Area Agency on Aging or Aging and People with Disabilities: Call your local office.

- Foster parents: Call your local Child Welfare Office.
- For TTY service, dial 711.
- For questions about benefits, contact Client Services at 1-800-273-0557, available Monday through Friday, 8:00 a.m. - 5:00 p.m.
- For questions about eligibility, contact the OHP Customer Service at 1-800-699-9075 (available from 7 a.m. to 6 p.m., Monday through Friday).

If you have any questions at all, please call us. We want to make sure that you have the information you need.