



DMAP Worker Guide IV

Benefit packages

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Benefit Packages

General Rules 410-120-1160 through 410-120-1230; OHP Rule 410-141-0480

Clients receive health care services based on their benefit package. Each benefit package's coverage is different. Clients are assigned to benefit packages based on their program eligibility.

The codes in the "BEN" field on the ELGR screen and corresponding benefit package names are:

- BMH – OHP Plus
- KIT – OHP Standard
- MED – Qualified Medicare Beneficiary (QMB)
- BMM – QMB + OHP with Limited Drug
- BMD – OHP with Limited Drug
- CWM – Citizen/Alien-Waived Emergency Medical (CAWEM)
- CWX – CAWEM Prenatal

What's Covered

The Oregon Health Services Commission (HSC) developed a list of 730 medical conditions and treatments in order of effectiveness. Currently, covered services are lines 1-530 on the Prioritized List of Health Services.

The OHP Plus Benefit Package

BEN Code – BMH

This benefit package covers medical, dental, mental health and chemical dependency services. Condition and treatment pairs must fall above the covered line on the Prioritized List.

Covered Services (OHP Plus)

- Preventive Services:
 - ◇ Maternity and newborn care
 - ◇ Well-child exams and immunizations
 - ◇ Routine physical exams and immunizations for children and adults
 - ◇ Maternity case management, including nutritional counseling
- Diagnostic services:
 - ◇ Medical examinations to tell what is wrong, even if the treatment for the condition is not covered
 - ◇ Laboratory, X-ray and other appropriate testing
- Medical and Surgical Care
- Family Planning Services and Supplies – including birth control pills, condoms,

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- contraceptive implants, and Depo-Provera; sterilizations
- Medically appropriate treatments for conditions expected to get better with treatment—includes, but is not limited to:
 - ◇ Appendicitis
 - ◇ Infections
 - ◇ Ear Infections
 - ◇ Broken bones
 - ◇ Pneumonia
 - ◇ Eye diseases
 - ◇ Cancer
 - ◇ Heart disease
 - ◇ Stomach ulcers
 - ◇ Diabetes
 - ◇ Asthma
 - ◇ Kidney stones
 - ◇ Epilepsy
 - ◇ Burns
 - ◇ Rheumatic fever
 - ◇ Head injuries
 - Medically Appropriate Ancillary Services – when provided as part of treatment for covered medical conditions
 - ◇ Hospital care, including emergency care
 - ◇ Home health services
 - ◇ Private duty nursing
 - ◇ Physical and occupational therapy evaluations and treatment
 - ◇ Speech and language therapy evaluations and treatment
 - ◇ Medical equipment and supplies
 - ◇ Vision and hearing services including exams, evaluations, treatment, materials and fitting for glasses and hearing aids
 - ◇ Prescription drugs and some over-the-counter drugs
 - ◇ Transportation to health care for clients who have no other transportation available to them, including ambulance and other methods of transport
 - Dental Services
 - Outpatient Chemical Dependency Services
 - Comfort Care – this includes hospice care and other comfort care measures for the terminally ill, and death with dignity services
 - Mental health services

The OHP Standard Benefit Package

BEN Code – KIT

This benefit package is similar to private insurance with premiums and benefit limitations. The Prioritized List also applies to the OHP Standard benefit package.

Covered Services (OHP Standard)

- Ambulance
- Physician services

Covered Services (OHP Standard cont'd)

- Prescription drugs
- Laboratory and x-ray services
- Durable medical equipment and supplies, limited to:
 - ◇ Diabetic supplies (including blood glucose monitors)
 - ◇ Respiratory equipment (*e.g.*, CPAP, BiPAP)
 - ◇ Oxygen equipment (*e.g.*, concentrators and humidifiers)
 - ◇ Ventilators
 - ◇ Suction pumps
 - ◇ Tracheostomy supplies
 - ◇ Urology and ostomy supplies
- Outpatient mental health
- Outpatient chemical dependency services
- Limited emergency dental services (*e.g.*, acute infection or abscess, severe tooth pain, tooth re-implantation and extraction of symptomatic teeth)
- Hospice services
- Limited hospital benefit – includes:
 - ◇ Evaluation, lab, x-ray and other diagnostics to determine diagnosis (line zero on the Prioritized List)
 - ◇ Hospital treatment for urgent/emergent services
 - ◇ Inpatient and outpatient hospital treatment for diagnoses listed in the Limited Hospital Benefit Code list. Prior Authorization (PA) is required for certain services, as indicated.

Excluded Services (OHP Standard)

- Acupuncture, except for treatment of chemical dependency
- Chiropractic and osteopathic manipulation
- Nutritional supplements taken by mouth
- Hospital services that are not for urgent or emergency care
- Occupational therapy
- Physical therapy
- Speech therapy
- Private duty nursing
- Home health care
- Dental routine services (*e.g.*, teeth cleaning, orthodontia, fillings)
- Vision correction and therapy

QMB Benefit Package

BEN Code – MED

The QMB benefit package pays for Medicare premiums, copayments and deductibles for services covered by Medicare. This does not include any cost sharing for Medicare Part D coverage or prescriptions.

Providers are not allowed to bill clients with QMB benefit package coverage for deductible and co-insurance amounts for services covered by Medicare (except for Medicare Part D prescriptions). However, providers may bill these clients for services that are not covered by Medicare and for Medicare Part D prescriptions.

Clients with only the QMB benefit package cannot be enrolled in managed care plans.

QMB + OHP with Limited Drug Benefit Package

BEN Code – BMM

This is a combination of the OHP with Limited Drug and QMB benefit packages. To be eligible for this benefit package, clients must meet the eligibility requirements for both benefit packages. See the QMB and OHP with Limited Drug benefit package descriptions for coverage information.

OHP with Limited Drug Benefit Package

BEN Code – BMD

The OHP with Limited Drug benefit package covers the same medical, dental and mental health services as the OHP Plus benefit package. However, the OHP with Limited Drug benefit package does not cover drugs covered by Medicare Part D.

CAWEM - Citizen/Alien-Waived Emergency Medical

BEN Code – CWM

These clients are only eligible for treatment of emergency medical conditions. Labor and delivery services for pregnant women are considered an emergency. Clients on the CAWEM benefit package do not pay premiums or copayments and cannot be enrolled in managed care plans.

The following list is not all-inclusive but can be used as an illustration to identify services that are NOT covered for clients on the CAWEM benefit package:

- Administrative medical examinations and reports
- Chemotherapy
- Dental services provided outside an emergency room/hospital setting
- Dialysis
- Family planning
- Home health services
- Hospice
- Medical equipment and supplies
- Non-emergency medical transportation
- Outpatient drugs or over-the-counter products

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- Pre-natal
 - Postpartum care
 - Private duty nursing
 - Preventative care
 - Transplants or transplant related services
 - Therapy services
 - Rehabilitation services
 - Sterilization

CAUTION: Services that are ongoing, require prior authorization, payment authorization or that can be scheduled in advance are not covered for clients on the CAWEM benefit package.

CAWEM prenatal

BEN Code – CWX

On April 1, 2008, a fifteen-month pilot program began in Multnomah and Deschutes Counties for pregnant women who were previously only eligible for CAWEM benefits. For as long as she is pregnant, a CAWEM woman living in either of these two counties may receive most of the covered services an OHP Plus client receives. She is eligible for services anywhere in the state and is not enrolled in managed care.

Note that the CAWEM expanded benefit does not cover:

- Abortions
- Death with dignity
- Hospice care
- Sterilization

When she is no longer pregnant, she retains CAWEM eligibility for two months before redetermination, but DMAP will reimburse only for the following services:

- Hospital claims related to the delivery of the child through discharge
- Post-partum services only if provided in a bundled rate
- Emergency services

What's not covered by any program (Prioritized List)

OHP Rule 410-141-0500

Services for conditions that the Health Services Commission ranks of lower priority are generally not covered. The HSC's report contains a complete listing of conditions/treatments that are not covered. There may be other limitations depending on the client's

benefit package. Treatments for the following conditions that have no other complicating diagnosis are not covered:

- Conditions which tend to get better on their own, such as:
 - ◇ Measles
 - ◇ Infectious mononucleosis
 - ◇ Mumps
 - ◇ Viral sore throat
 - ◇ Dizziness
 - ◇ Viral hepatitis
 - ◇ Benign cyst in the eye
 - ◇ Minor bump on the head
 - ◇ Non-vaginal warts
- Conditions where a “home” treatment is effective, such as applying an ointment, resting a painful joint, drinking plenty of fluids, or a soft diet. Such conditions include:
 - ◇ Canker sores
 - ◇ Corns/calluses
 - ◇ Sunburn
 - ◇ Diaper rash
 - ◇ Food poisoning
 - ◇ Sprains
- Cosmetic conditions, such as:
 - ◇ Benign skin tumors
 - ◇ Cosmetic surgery
 - ◇ Removal of scars
- Conditions where treatment is not generally effective, such as:
 - ◇ Some back surgery
 - ◇ TMJ surgery
 - ◇ Some transplants
- Other not covered services include, but are not limited to, the following:
 - ◇ Circumcision (routine)
 - ◇ Weight loss programs
 - ◇ Infertility services
 - ◇ Surgical treatment of obesity

Benefit package overview

The following table lists some of the services that are covered for each benefit package as well as how the package is coded in the “BEN” field on the ELGR screen.

OHP Plus – BMH	
Physician, lab and X-ray services	Hospice services
Pharmacy services	Home health services
Physical therapy/occupational therapy	Dental services
Reasonable diagnostic services	Medical transportation
Durable medical equipment and supplies	Some over-the-counter drugs
Vision, glasses	Chemical dependency services
Hearing, speech services	Mental health services
Hospital services (inpatient and outpatient)	Preventive services (e.g., tobacco cessation)

OHP Standard – KIT	
Physician, lab and X-ray services	Some over-the-counter drugs
Pharmacy services	Outpatient mental health services
Hospice services	Outpatient chemical dependency services
Reasonable diagnostic services	Emergency medical transportation
Limited durable medical equipment (see OAR 410-122-0055)	Limited emergency dental (see OAR 410-123-1670)
Limited hospital services (OAR 410-125-0047)	Preventive services (e.g., tobacco cessation)

Qualified Medicare Beneficiary (QMB) – MED
Medicare premiums, deductibles and copays for Medicare covered services

QMB + OHP with Limited Drug – BMM
See QMB and OHP with Limited Drug benefit packages

OHP with Limited Drug
The OHP with Limited Drug benefit package covers the same medical, dental and mental health services as the OHP Plus benefit package. However, the OHP with Limited Drug benefit package does not cover drugs covered by Medicare Part D.

Citizen/Alien-Waived Emergency Medical (CAWEM) – CWM	
Emergency medical services	Labor and delivery

Citizen/Alien-Waived Emergency Medical (CAWEM) Prenatal - CWX
Pregnant CAWEM women get most of the same benefits as OHP Plus for the duration of the pregnancy. Exceptions include sterilization, abortion, hospice and death with dignity services.

Senior Prescription Drug Assistance Program (SPDAP) – PDA
Prescription drug assistance for the elderly – this is not a Medicaid program (see DMAP Worker Guide VI for detailed information)

OHP Plus benefit package eligibility and copayment requirements

This page does not list all requirements or exceptions.

Eligible clients
Pregnant women – up to 185% of the Federal Poverty Level (FPL)
Children under age 19 – up to 185% of the FPL
Receiving SSI
Age 65 or older, blind, or disabled and receiving income at or below the SSI standard
Age 65 or older, blind, or disabled and receiving Department paid long term care services
Receiving Temporary Assistance to Needy Families (TANF)
Presumptively eligible prior to disability determination
Children in foster care or in adoptive assistance
Copayment amounts (see OAR 410-120-1230 for more specific information):
\$0 for preferred generic prescription drugs & preferred brand-name drugs
\$1 for non-preferred generic prescription drugs
\$3 for non-preferred brand-name drugs
\$3 for outpatient services (such as office visits to see a doctor, dentist or other health care provider). The copay is only for the visit to the provider. There is no copay for treatments performed by the provider (<i>i.e.</i> , immunizations, labs or X-ray)
Copayments are not required for the following clients and services:
Clients in managed care plans do not have copays for services covered by the plan
Pregnant women
Children under age 19
American Indians/Alaska Natives
Clients who are eligible for benefits through Indian Health Services
Clients who are receiving services under the Home and Community Based waiver and Developmental Disability waiver
Clients who are in a hospital as an inpatient, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR)
Family planning services and supplies
Emergency services, as defined in OAR 410-120-0000
Prescription drugs ordered through DMAP's home delivery (mail order) vendor

OHP Standard benefit package eligibility and copay requirements

This page does not list all requirements or exceptions.

Eligible clients
Adults who do not meet eligibility requirements for the OHP Plus benefit package – up to 100% of the FPL
Do not currently have and have not had commercial insurance coverage during the previous six months
Copayments
None
Premiums
Premiums are charged per member/per month
American Indians/Alaska Natives are not required to pay premiums
Clients who are eligible for benefits through Indian Health Services are not required to pay premiums
Clients with income of 10 percent or less of the Federal Poverty Level are not required to pay premiums
Clients must pay all required premiums before their coverage can be renewed for another enrollment period

The following services are not part of the OHP Standard benefit package:
Hospital services not on the Limited Hospital Benefit Code List (OAR 410-125-0047)
Therapy services (physical, occupational, and speech)
Acupuncture (except for treatment of chemical dependency)
Chiropractic services
Home health services/private duty nursing
Vision exams and materials
Hearing aids and exams for hearing aids
Non-ambulance medical transportation

DHS medical assistance program codes

Program Code	Program Title	Case Descriptor	Benefit Package
1, A 1	Aid to the Aged	See Computer Guide section 3 G & 3-L	OHP Plus, OHP with Limited Drug, QMB with OHP Plus
2, 82	Temporary Assistance for Needy Families (TANF)	MAA, MAF	OHP Plus
V2	Refugee Assistance		OHP Plus
3, B3	Aid to the Blind	See Computer Guide section 3 G & 3-L	OHP Plus, OHP with Limited Drug, QMB with OHP Plus
4, D4	Aid to the Disabled	See Computer Guide section 3 G & 3-L	OHP Plus, OHP with Limited Drug, QMB with OHP Plus
19, 62	DHS Foster Care		OHP Plus
C5	Substitute/Adoptive Care	SAC, SCP, SFC	OHP Plus
GA (CSD)	Non-title XIX Foster Care		OHP Plus
P2, M5, 2, 82	Children's Health Insurance Program (CHIP)	CHP	OHP Plus
P2, M5, 2, 82	Extended Medical Program	EXT	OHP Plus
5	OSIPM-PRS	See Computer Guide section 3 G & 3-L	OHP Plus, OHP with Limited Drug
P2	Qualified Medicare Beneficiary (QMB)	QMB	QMB
Any Program	QMB + Any Program	QMM	QMB + OHP with Limited Drug
P2, M5, 2, 82	OHP Medical	OPC, OP6, OPP	OHP Plus
P2, M5, 2, 82	OHP Medical	OPU	OHP Standard
P2, M5, 2, 82	Breast and Cervical Cancer Program	BCP	OHP Plus

P2, M5, 2, 82	Senior Prescription Drug Assistance	PDA	N/A
Any Program	CAWEM	CWM	Emergency Medical
Any Program	CAWEM prenatal pilot	CWX	OHP Plus