DMAP Worker Guide XIV

Premiums, Copayments and Special Requirements

May 2008

OHP Standard premiums overview

Some clients must pay premiums for their OHP benefits. This section will tell you who must pay, how they pay, when they pay, what happens if they don't pay, and whom to call if you (the caseworker) or the clients have questions about premium payments.

Who pays premiums?

OHP Standard clients, who are eligible under the OHP-OPU program, are required to pay premiums unless they are exempt. The following OHP-OPU clients (also referred to as HPN persons or OHP Standard clients) are exempt from paying premiums:

- American Indians/Alaska Natives
- Clients eligible for benefits through Indian Health Services
- CAWEM clients
- Clients with income at or below 10 percent of the Federal Poverty Level (FPL)

Premium rate schedule

Premium rates are based on the number of people in the household who must apply together for OHP, the number of people who are required to pay premiums and their total countable income. For the actual premium amounts, refer to CAF Rule OAR 461-155-0235.

Premium billings

The Oregon Health Plan Premium Billing Office sends the billings and collects the OHP premiums. The current contractor is Chaves Consulting, Inc, but workers should always refer to it as the "OHP Premium Billing Office."

DMAP sends premium billing data to the billing office monthly. Daily adjustments made by a worker to a client's premium history are sent to the billing office daily and updated in the client's account record as soon as received, usually the next day.

Premium billings are sent to OHP-OPU clients during the first week of each month.

Premium payments

Payments are due by the 20th of the current month. Anyone may pay premiums on behalf of a client (OAR 410-120-1390). Clients have several options for paying premiums:

- Payment by mail -- Clients should not send cash payments by mail. They should only mail checks, money orders or cashier's checks that include the client's name and DMAP Medical Care ID number. Clients who pay their premiums by mail should use the return envelope that comes with their bill. If they do not have the return envelope they can send the payment to:

  OHP Premium Billing Office
  P.O. Box 1120
  Baker City, OR 97814-1120

- Payment by phone — Clients may make their premium payment by phone using a debit or credit card. Call 1-888-647-2729 (1-888-OHP2PAY).
- Payment in person — Billing office staff will accept cash only if presented in person. Clients may pay in person at:

  OHP Premium Billing Office
  1705 Main Street, Suite 300
  Baker City, Oregon

Tell clients who come to a branch office wanting to pay their premiums to either mail their payment to the OHP Premium Billing Office or call to make payment by phone. Their premium bill includes a return envelope. Tell clients to include payment coupons with the payment.

Nonpayment of premiums

Clients do not lose OHP coverage during their six-month enrollment period for non-payment of required premiums. However, clients must pay all billed premiums before they can qualify for the subsequent six months of OHP coverage. If a client has a premium arrearage that they need to pay in order to continue coverage, you may want to suggest payment by phone in order to expedite the recertification process.

If a client's income has dropped to 10 percent or less FPL at recertification, you may waive their past-due premium obligation. If clients with income higher than 10 percent FPL fail to pay their billed premiums at the deadline imposed at recertification, they will not be eligible for OHP-OPU. When the OHP Standard program is closed to new enrollees, these clients risk losing coverage altogether by failing to pay their premium debts. Only OHP-OPU clients are affected by not paying their premium debt.

American Indians or Alaska Natives who have proof of tribal membership or are eligible for benefits through an Indian Health Program and CAWEM clients are exempt from paying premiums. Clients who earn 10 percent or less of the FPL are also exempt. Refer to the CAF Family Services Manual for specifics (OAR 461-135-1100, 461-135-1120, and 461-135-1130).

If the Department is notified that a member of the filing group has filed for bankruptcy and the arrearage is a debt that has been stayed in a bankruptcy proceeding, DHS can adjust the arrearage. The decision whether or not arrearage is adjusted or waived, or only part of the arrearage, depends upon the bankruptcy chapter as well as the period of time the bankruptcy covers. Contact a CAF Medical Program Analyst for further information.

The Department will not attempt collection on any arrearage that is more than three years old. The OHP Billing Office automatically makes this system adjustment.

Premium questions

A client who has questions about whether he or she must pay premiums (*i.e.,* eligibility), should call his or her worker. The worker's name and branch telephone number appear on each client's DMAP Medical Care ID.

For billing questions (whether a payment was received, balance due, etc.), contact the OHP Premium Billing Office between 7 a.m. and 6 p.m.

- Toll-free, 888-647-2729 (888-OHP-2PAY)
- Baker City local number, 541-523-3602
- TTY, 866-203-8931
- Fax, 541-523-2145
- Web site, <www.OHPBilling.com>
- E-mail, support@OHPBilling.com

OHP Plus copayments — General Rules, OAR 410-120-1230

DHS charges some OHP clients a copayment for prescription drugs and/or outpatient services, depending on their eligibility level and benefit package. Copayment information is shown on the client's Medical Care ID in Fields 7a and 7b.

Providers cannot deny services to a client solely because of an inability to pay an applicable copayment. This does not relieve the client of the responsibility to pay, nor does it prevent the provider from attempting to collect any applicable copayments from the client.

Exemptions

OHP Plus clients who are enrolled in a managed health care plan, including dental and mental health plans, do not have to pay copayments for services covered by their plan. Drugs for mental illness are not covered by managed care plans and require a copayment.

The following clients also do not have to pay a copayment:

- Pregnant women
- Children under age 19
- American Indians/Alaska Natives
- Clients eligible for benefits through Indian Health Services
- Any client receiving services under the Home and Community Based waiver and Developmental Disability waiver, or is an inpatient in a hospital, nursing facility (NF), or intermediate care facility for the mentally retarded (ICF/MR)
- CAWEM clients

Copayment amounts

Some OHP Plus clients must pay $3 for outpatient services (such as office visits to see a doctor, dentist or other health care provider). The copayment is only for the visit to the

provider. There is no additional copayment for services rendered by the provider, such as immunizations, lab tests, or x-rays.

Services requiring a copayment

The following are services for which providers can charge a copayment from OHP Plus clients:

- Office visits, per visit for physician/specialist, nurse practitioner, physician assistant or alternative care providers (*i.e.,* chiropractors, naturopaths, acupuncturists)
- Dental services (except for dental diagnostic and preventive routine checkups)
- Mental health and/or chemical dependency (outpatient service)
- Preventive care, per visit for physician/specialist
- Hospital, per visit for outpatient treatments (including surgery) and non-Emergency Room visits (waived if admitted to inpatient care)
- Physical, occupational, or speech therapy services
- Home health services
- Private duty nursing visit and shift
- Enteral/Parenteral IV

Services exempt from copayment

OHP Plus clients do not have to pay a copayment for the following services:

- Administrative exams and reports
- Dental diagnostic and preventive routine checkups
- DME supplies
- Emergency services
- Family planning services
- Hospice services
- Routine immunizations
- Total blood cholesterol screenings (men age 35-65, women age 45-64)
- X-ray and lab services (*i.e.,* mammograms, pap smears, fecal occult blood tests, diagnostic sigmoidoscopy [over age 50])

Copayments for drugs

OHP Plus clients do not have to pay a copayment for the following prescriptions:

- Drugs for family planning services, such as birth control pills
- Drugs obtained through the Home-Delivery Pharmacy Program (mail order)
- Most generic medicines
- Preferred brand-name drugs on the Practitioner-Managed Prescription Drug Plan list

For certain generics and non-preferred brand-name drugs, clients will pay between $1 - $3, according to the scale outlined for pharmacies in OAR 410-120-1230. Clients may request generics to get a reduced copayment, but they are not required to use generics. Similarly, clients can still get non-preferred brand-name drugs their doctors prescribe, but clients will pay the maximum copayment.

NOTE: When the DMAP Medical Care ID states "NO COPAYS," it means for Medicaid prescriptions. Dual-eligible clients may still owe copayments on drugs covered by Medicare.

Home-Delivery Pharmacy Program (mail order)

Clients who have ongoing prescription needs and a stable medication regimen may receive their prescriptions through the OHP Home-Delivery Pharmacy Program. Clients do not have to make copayments on drugs ordered through this program. Clients can use this program even if they are restricted to one walk-in pharmacy through the Pharmacy Management Program *(i.e.,* they can use both). Mental health clients may use the home-delivery services only for drugs their mental health plan does not cover.

Home-Delivery Pharmacy Program is currently contracted through Wellpartner. Prescription order forms are available from the DMAP Web site at <www.oregon.gov/DHS/healthplan/clients/mailrx.shtml>

Mail first-time prescriptions and completed order forms to

Wellpartner, Inc.
P.O. Box 5909
Portland, OR 97228-5909

Clients may enroll themselves by calling Wellpartner at 1-877-935-5797. Health care providers can fax the prescription to 1-866-624-5797. (This fax number should only be used by the doctor or health care provider).

Pharmacy Management Program

Overview

The purpose of the Pharmacy Management Program is to minimize drug-seeking behavior by identifying and monitoring high drug utilization and to provide better coordination and management of prescription drugs for beneficiaries. Some clients will be restricted to the pharmacy of their choice to receive prescription drugs.

NOTE: Although clients will be enrolled in a single walk-in pharmacy or chain, they can use the Home-Delivery (Mail Order) Pharmacy Program in addition to the walk-in store.

Selection

Clients are restricted to a single pharmacy, per household, once First Health processes a pharmacy claim and it shows adjudicated at DMAP. First Health sends a weekly file

to DMAP by Thursday of each week. The client's TPR file (ELGX) is automatically updated to show the restricted pharmacy for the entire household and a new Medical ID card is generated. The client will also receive a system-generated notice explaining the program and allowing a 30-day window to change pharmacies. Clients are restricted to one pharmacy per household.

The designated pharmacy shows on ELGX effective the following Monday, after the Thursday transmission from First Health. If a client selects a pharmacy that is located in multiple locations throughout the State (chain), they may access any pharmacy belonging to that chain, regardless of geographical location within Oregon and contiguous service areas.

Who is enrolled?

All clients who are fee-for-service receiving Medicaid benefits, who are not exempt, are enrolled into the Pharmacy Management Program.

Exemptions from the Pharmacy Management Program

Enrollment into the Pharmacy Management Program will be mandatory unless the client:

- Is enrolled in a Fully Capitated Health Plan (FCHP)
- Has private major medical insurance policy
- Has proof they are American Indian or Alaska Native
- Has proof of eligibility for benefits through Indian Health Services
- Is a child in DHS care and custody
- Is an inpatient in a hospital, long-term residential care facility, or other medical institution

Changes to a client's pharmacy selection

Clients may change their pharmacy selection at any time for one of the following reasons:

- They move
- They are reapplying for OHP benefits, or
- They are denied access to pharmacy services by their selected pharmacy

For changes, the worker can either contact DMAP's Client Enrollment Services (CES) with the client's pharmacy choice or the client may call the Client Services Unit (CSU) directly at 1-800-273-0557. CSU will be responsible for giving the information to CES to update the client's TPR file. The system generates a new Medical ID each time a change is made to the client's TPR file.

Branch workers may fax, telephone or mail the client's pharmacy choice to CES. Fax to 503-945-6873 or mail to:

DMAP Client Enrollment Services
500 Summer Street NE, E44
Salem, OR 97301-1079

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