

Important Information

OHP Coverage is Changing

This information is for OHP Plus and OHP Standard Benefit Package clients
Look at Field 9b of your OMAP Medical Care ID. This information is for clients who have an "A" or "B" in Field 9b.

In its last session, the Oregon Legislature made several changes to the Oregon Health Plan (OHP). The following changes will begin August 1, 2004.

Prioritized List of Health Services

Funding for the OHP is based on the Prioritized List of Health Services.

This is a list of medical conditions and their treatments. The most effective services are at the top of the list. The least effective are at the bottom.

There are 730 services on the list. The Office of Medical Assistance Programs (OMAP) pays for the first 549 services at this time.

Beginning August 1, 2004, OMAP will only cover the first 546 services on the list.

None of the services being dropped are for life-threatening conditions.

Some of the conditions that will no longer be covered are treatment for:

- acute conjunctivitis (pink eye)
- foreign body in ear and nose, serious earwax impaction
- problems with balance like dizziness (vertigo).

The visit to the doctor to find out what is wrong is still covered, even if the treatment is not. Treatment for a condition below line 546 may be provided only if it is directly related to another condition above the line. Your doctor will know if this applies to you.

Hearings are Limited

When the change in the number of covered services is directed by the legislature that specific process has no rights for a Hearing.

However, if you are currently under a physician's care for one of the conditions that will no longer be a covered benefit after August 1, 2004, you have a right to request an Administrative Hearing. All OHP Plus and Standard clients have a right to request a hearing if you are denied services and your health condition is above line 546 or your health condition is directly related to a covered condition that is above line 546.

To request a hearing, fill out form DHS 443, "Administrative Hearing Request." You can get one from any DHS or Area Agency on Aging (AAA) office or by calling your worker.

If you are in a managed care plan and you are currently under a physician's care for one of the conditions that will no longer be covered, you have the right to ask for an Appeal from the plan listed on your OMAP Medical Care ID.

If you ask for a hearing, you may have another person speak on your behalf or have an attorney represent you.

The state cannot pay the costs for an attorney or witnesses. A Legal Aid Office or the local Bar Association may be able to help you.

Questions?

- ☎ If you have any questions about this information, call the OMAP Client Advisory Services Unit at 1-800-273-0557, or TTY 1-800-375-2863.
- ☎ If you need this information in a larger print size or different format, call your worker.

