# Policy Transmittal

Oregon Department of Human Services

**Originating Cluster:**

OMAP, Health Services

Transmittal No. PT-03-999

Authorized by: Joan M. Kapavich Date: April 1, 2004

Signature

**Transmitting:** ☑ Policy Change

**Applies to:** ☑ All DHS employees

**Policy Title:** OMAP Worker Guides, Revision #16

**Topic Area:** Medical Assistance

**Effective Date:** April 1, 2004

**Release No:** FSML-31, OMAP-16

**Web Address:** www.dhs.state.or.us/healthplan/data_pubs/wguide.html

**Discussion/Interpretation:**

The Office of Medical Assistance Programs (OMAP) has revised the OMAP Worker Guides. The attached revision will also be included with the April 1, 2004, release of the CAF Family Services Manual, FSML-31.

This revision contains changes to the following guides:

- Worker Guide 7 - OMAP Payment of Private Health Insurance Premiums
  - Added revised form, OMAP 3073 (Rev 1/04), and references to private health insurance.
- Worker Guide 8 - Administrative Examinations and Reports
  - Revised billing amount for Procedure Code 54240
- Worker Guide 9 - Prior Authorization
  - Removed most PA responsibilities from SPD staff

- Worker Guide 12 - Medical Transportation/Reimbursement
  - Updated Covered Services list.
- Worker Guide 14 - Premiums, Copayments and Special Requirements
  - Added section on Aid Paid Pending status.

**Field/Stakeholder review:** ☑ Yes, reviewed by OMAP Worker Guide review list

**Local/Branch/ Action Required:** Read and become familiar with policy and procedure changes

**Central Office/ Action Required:** Read and become familiar with policy and procedure changes

**Filing Instructions:** File this material, dated 4/1/04, in your OMAP Worker Guides. Record the insertion date on the transmittal record on the inside of the front cover.

| **Remove** | **Insert** |
|---|---|
| TOC, p 3/4 | TOC, p 3/4 |
| Worker Guide 7, pp 1-3 | Worker Guide 7, pp 1-3 |
| Worker Guide 8, pp 7/8, 11/12 | Worker Guide 8, pp 7/8, 11/12 |
| Worker Guide 9, pp 1-4 | Worker Guide 9, pp 1-4 |
| Worker Guide 12, pp 3/4 | Worker Guide 12, pp 3/4 |
| Worker Guide 14, pp 1-7 | Worker Guide 14, pp 1-7 |

# A. OMAP Payment of Private Health Insurance Premiums

For some clients, OMAP will pay the cost of group health insurance premiums if that cost is less than the estimated cost of paying medical providers on a fee-for-service basis. This section tells you:

- What medical coverage information to consider.
- What groups of clients are eligible for this program.
- What information to include on the OMAP 3073, Premium Referral form.

For MAA, MAF GAM, OHP, OSIPM and REFM clients, OMAP may consider paying health insurance premiums on behalf of individuals on a selective basis when the net cost for payment of the premiums is less than the estimated cost of paying medical providers on a fee-for-service basis.

## 1. Excluded Groups

Excluded groups are:

- Non-SSI institutionalized and waivered clients whose income deduction (OHI on CMS) is used for payment of health insurance premiums;
- Clients eligible for reimbursement of cost-effective, employer-sponsored health insurance per rule 461-135-0990.

## 2. Referral to OMAP

Send referrals for private health insurance premium payment consideration to OMAP using the OMAP 3073 form (see page 3). The case must be opened on the computer system prior to sending in the form 3073. Referrals must include the following information:

- Premium amount.
- Extent of coverage (major medical, drugs, etc.)
- Name and address of insurance company
- Policy holders name, group number, and policy insurance number
- Who the checks are made out to (insurance company, employer, etc.), and the name and address where the checks should be sent
- Recipient information (name, case number, etc.)
- Medical documentation/information to justify continuing premium payment
- A copy of the signature page of the clients application
- A signed and dated copy of the Release of Information

Forward the referrals to: **OMAP, Premium Payment Referral Section.**

## 3. Determining Cost Effectiveness

Upon receiving a PHI referral, OMAP will determine the cost effectiveness by:

- Reviewing the clients past use of medical services under medical programs, third parties, and private insurance data.
- Estimating the current and probable future health status of the client based on existing medical conditions or documentation.
- Evaluating the extent/limit of coverage available to the client under any health insurance policy, and the cost of the premium(s).
- When obtaining medical coverage information from the client, consider these sources:
  - Spouse or absent parent.
  - Private insurance policies.
  - Previous employer COBRA coverage, which may be available for 6 to 36 months after employment ends.
  - Employer medical coverage for maternity leave and medical leave that requires monthly premium payments.

## 4. Clients Right to Hearing

- Clients have the right to a hearing to dispute use of private health insurance. The hearing process will comply with DHS hearings rules and procedures.
- Workers will schedule pre-hearing conferences for OMAP.
- OMAP will handle hearings by telephone and prepare hearings summaries for parties in the hearing.

DHS
Oregon Department of Human Services
Office of Medical Assistance Programs

# PREMIUM REFERRAL FOR PRIVATE HEALTH INSURANCE (PHI)

**Date:**_____

**Return Referral to:**
**PHI Premium Coordinator**
**OMAP Claims Management, HFO**
**Human Services Building**
**500 Summer St NE E44**
**Salem OR 97301-1079**

**Client Information:**

Program: _____ Branch: _____ Case Number: _____

Case Name: _____ Recipient Name: _____

Worker's Name and Phone Number: _____

**Insurance Information:**

Policy holder's name: _____ When are premiums due? monthly ❒ quarterly ❒

Policy/Group # _____ Premium Amount $ _____

Date next premium due? _____

Name and address of health insurance company:

_____
_____
_____

Name, address, phone number of sponsoring employer:

_____
_____
_____

**Medical Condition/Diagnosis (this area must be completed):**
Please specify any major medical conditions or other medical information that justifies premium payments.

**ATTACH the following:**

**A copy of the private health insurance ID card.**

**A signed/dated "Authorization for Use and Disclosure of Health Information" (DHS 2099), allowing DHS to obtain applicant's information from the employer/health insurance carrier.**

**A copy of the COBRA approval letter, if premium request is for COBRA coverage.**

## Guidelines to Filling Out OMAP 729 (cont.)

| | | |
|---|---|---|
| **Revenue Code 918**<br><br>Amount to be Billed:<br>**Usual Charge**<br><br>Provider Type:<br>**Hospital (HO)** | Description | Description determined by testing requested by worker (see 96100). |
| | Guidelines | (1) Use for initial or ongoing eligibility for client with mental health problems.<br>(2) Use for casework planning, if appropriate.<br>(3) Use for any mental health testing with narrative report per description of service and performed by psychologist or psychiatrist employed by the hospital. |
| | Hints | To be used when the chosen provider is employed by a hospital. |
| **Revenue Code 919**<br><br>Amount to be Billed:<br>**Usual Charge**<br><br>Provider Type:<br>**Hospital (HO)** | Description | Description determined by examination requested by worker (see 90801 or H1011). |
| | Guidelines | (1) Use for initial or ongoing eligibility for client with mental health problems.<br>(2) Use for casework planning, if appropriate.<br>(3) Use for comprehensive evaluation with narrative report per description of service and performed by psychologist or psychiatrist employed by the hospital. |
| | Hints | To be used when the chosen provider is employed by a hospital. |

**NOTE:** Procedure codes on this page are for **HOSPITALS ONLY**. Hospitals should use the UB-92 for billing.

## Guidelines to Filling Out OMAP 729 (cont.)

| | | |
|---|---|---|
| Procedure Code: **97750**<br><br>Amount to be Billed: **$20.24**<br><br>Provider Type: **Physical Therapists, Occupational Therapists, (PT, OT, PB, IH)** | Description | Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes. Limited to 1 hour. |
| | Guidelines | (1) Use to determine physical functional impairments and/or limitations as a supplement to the medical evaluation<br>(2) Use for casework planning, if appropriate. |
| | Hints | (1) Medical examination must also be obtained.<br>(2) If no facility to perform PCE is available then see 99080.<br>(3) Do not use OMAP 729E with this evaluation. |
| Procedure Code: **99172**<br><br>Amount to be Billed: **$85.64**<br><br>Provider Type: **Medical Doctors, Ophthalmologists, Optometrists (PB, OD, MD, IH)** | Description | Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision, with completion of the report on eye examination (OMAP 729C). See current CPT for details. |
| | Guidelines | (1) Use for initial or ongoing eligibility for client with eye or vision problem.<br>(2) Use for casework planning, if appropriate. |
| Procedure Code: **96100**<br><br>Amount to be Billed: **$49.31**<br><br>Provider Type: **Medical Doctors, Psychiatrists, Psychologists (PY, PB, MC, IH, MD w/ specialty in PS, PN, CH)** | Description | Psychological testing with interpretation and report, per hour. See current CPT for details. Limited to 6 hours per day. |
| | Guidelines | (1) Use for initial or ongoing eligibility to determine mental retardation or ability to grasp facts and figures.<br>(2) Use for casework planning, if appropriate. |

## Guidelines to Filling Out OMAP 729 (cont.)

| | | |
|---|---|---|
| Procedure Code:<br>**96117**<br><br>Amount to be Billed:<br>**$49.31**<br><br>Provider Types:<br>**Psychologists (PY, PB, MC, IH)** | Description | Neuropsychological testing battery (e.g., Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour. See current CPT for details. To be used in combination with 90801, 90889 if required. Limited to 3 hours. |
| | Guidelines | (1) Use to determine initial and ongoing eligibility to determine extent of brain damage in severely affected clients through neuropsychological testing.<br>(2) Use for casework planning, if appropriate.<br>(3) Paid in combination with 90801, 90889 if required. |
| Procedure Code:<br>**96111**<br><br>Amount to be Billed:<br>**$94.46**<br><br>Provider Types:<br>**PY** | Description | Development testing, extended with interpretation and report, per hour, up to 5 hours. See current CPT for details. |
| | Guidelines | (1) Use for eligibility or casework planning to determine if an individual is a person with mental retardation.<br>(2) Only for DD clients.<br>(3) May be combined with 96100 (cognitive testing) only if needed to determine mental retardation, and only then when approved by the worker's supervisor or program policies.<br>(4) Current results of both tests (96100 cognitive testing & 96111 adaptive testing) are needed for diagnosis of mental retardation, one or the other may have been completed by school, psychiatric hospital, or other providers of residential services. Request records. |
| Procedure Code:<br>**90889**<br><br>Amount to be Billed:<br>**$50.00**<br><br>Provider Types:<br>**PY, MD, MC, IH, CR, CP** | Description | Preparation of report of patient's psychiatric status, history, treatment or progress. See current CPT for details. Use in conjunction with 90801 only. |
| | Guidelines | (1) Use for eligibility or casework planning.<br>(2) Must request in conjunction with 90801 only. |

## Guidelines to Filling Out OMAP 729 (cont.)

| | | |
|---|---|---|
| Procedure Code:<br>**PIN02**<br><br>Amount to be Billed:<br>**$154.92**<br><br>Provider Types:<br>**PP, MM** | Description | Polygraph testing by licensed polygrapher with narrative report. |
| | Guidelines | (1) Polygraphers must be enrolled with OMAP and licensed by the Bureau of Police Standard and Training.<br>(2) Signed consent forms may be required. Refer to Child Welfare Policy I-D.6.2. |
| Procedure Code:<br>**54240**<br><br>Amount to be Billed:<br>**$206.56**<br><br>Provider Types:<br>**PY, PB, MD, MC, CR, CP** | Description | Penile Plethysmography. |
| | Guidelines | (1) Signed consent forms may be required. Refer to Child Welfare Policy I-D.6.2.<br>(2) Only for Child Welfare, OYA, and DD Services clients. |
| Procedure Code:<br>**80100**<br><br>Amount to be Billed:<br>**$22.00**<br><br>Provider Types:<br>**PB, NP, ND, MD, IL, IH, CR, AS** | Description | Drug screen qualitative, multiple drug classes, chromatographic method, each procedure. Only for Child Welfare and OYA clients. |
| | Guidelines | (1) Use for drug screening for Child Welfare or OYA clients and parents.<br>(2) Paid in combination with H0048 if required. |
| Procedure Code:<br>**80101**<br><br>Amount to be Billed:<br>**$22.00**<br><br>Provider Types:<br>**PB, NP, ND, MD, IL, IH, CR, AS** | Description | Drug screen qualitative, single drug class method, each drug class. Only for Child Welfare and OYA clients. |
| | Guidelines | (1) Use for drug screening for Child Welfare or OYA clients and parents.<br>(2) Paid in combination with H0048 if required. |
| Procedure Code:<br>**80102**<br><br>Amount to be Billed:<br>**$45.00**<br><br>Provider Types:<br>**PB, NP, ND, MD, IL, IH, CR, AS** | Description | Drug confirmation, each procedure. Only for Child Welfare or OYA clients. |
| | Guidelines | (1) Use if screen testing is positive.<br>(2) Use for Child Welfare or OYA clients and parents. |

# A. Prior Authorization

Some medical services and equipment require prior authorization (PA) by various DHS agencies or the client's managed care plan before they can be delivered to a client. These services and equipment include:

- Non-emergency medical transportation (including client mileage, meals and lodging)
- Some durable medical equipment and medical supplies
- Most physical therapy and occupational therapy
- Private duty nursing
- Most home health
- Most speech and hearing
- Some visual services
- Some home enteral/parenteral IV
- Some dental services
- Some transplants
- Out-of-state services
- Some surgeries

The chart on the next page lists services requiring prior authorization and who can authorize those services. Procedures for processing PAs are the same for all benefit packages, except when a client is in a prepaid health plan which covers the service.

Reminder: If a primary care provider refers a client to an out-of-state provider, be sure that service has the needed prior authorization.

***NOTE*: If a client belongs to a managed health care plan, the provider should contact the plan directly for prior authorization on health care services covered under the client's benefit package.**

| PRIOR AUTHORIZATION AUTHORITY | | |
|---|---|---|
| **Responsible Authority** | **Client Groups** | **Services Authorized** |
| Managed Health Care Plan (MHCP) | All clients enrolled in an MHCP when the service is included in the plan's contract | All services for which the plan receives a capitation payment |
| DHS branch staff | DHS clients for non-emergency medical transportation (for clients enrolled in an FCHP, the plan is responsible for all ambulance, including non-emergency) | Transportation |
| OMAP Claims Management | Children in subsidized adoption | Medical Transportation<br>Administrative Exams |
| SPD Branch staff | SPD clients not enrolled in an MHCP | Medical Transportation |
| First Health Services<br>1-800-344-9180 | All clients not enrolled in an FCHP<br>Any client receiving a therapeutic class 7 or 11 drug | Drugs related to National Drug Codes (NDCs)<br>Oral nutritional supplements |
| OMAP Medical Unit | CAF & SPD clients not enrolled in an MHCP except Medically Fragile Children *and Health Integrated ** (see below) | Durable Medical Equipment (DME) & Supplies (for specific items, see the DME rules)<br>Physical/Occupational Therapy<br>Private Duty Nursing<br>Home Health<br>Speech and Hearing (for specific items, see the Speech-Language rules)<br>Visual Services<br>Home Enteral/Parenteral IV |
| OMAP Dental Coordinator<br>1-800-527-5772 or<br>503-945-6506 (Salem) | DHS clients not enrolled in a Dental Care Organization or an MCHP which covers dental | Dental services |
| Transplant/Out-of-state RNs<br>1-800-527-5772 or<br>503-945-6488 (Salem) | DHS clients not enrolled in an MHCP | Transplants and out-of-state services |
| OMPRO<br>1-800-452-1250 or<br>503-279-0159 (Portland) | DHS clients not enrolled in an MHCP | Surgeries and services listed in the Med-Surg rules and/or supplements as requiring OMPRO prior authorization |
| * Medically Fragile Children's Unit (MFCU)<br>503-731-3088 (Portland) | Children case managed by the MFCU and identified with a case descriptor MFC | All medical services requiring prior authorization, except transportation, transplants, out-of-state services, surgeries, dental and visual services |
| ** Health Integrated<br>1-800-711-5587 | DHS fee-for-service<br>High cost/high risk clients | All medical services requiring prior authorization |

# Prior Authorization Contacts

## for Services Not Covered by a Prepaid Health Plan

**Dental** ..... OMAP Dental Coordinator ..... 800-527-5772 or 503-945-6506

**DME Equipment/Supplies** ..... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Drugs/Pharmacy** ..... First Health ..... 800-344-9180

**Managed Access Program (MAP)** First Health ..... 800-250-6950

**Hearing Aid Services** ..... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Home Health (nursing only)** ..... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Home Enteral/ Parenteral** ..... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Oral Nutritional Supplements ..... First Health ..... 800-344-9180
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Physical/Occupational Therapy** ... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Private Duty Nursing** ..... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Speech/Hearing/Audiology** ..... OMAP Medical Unit ..... 800-642-8635/503-945-6821
MFC Clients ..... Medically Fragile Children's Unit ..... 503-731-3088
Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

**Surgical Procedures** ..... OMPRO ..... 800-452-1250/503-279-0159
Outside Oregon ..... 800-325-8933

Oregon Medical Professional Review Organization (OMPRO)
2020 SW Fourth St., Suite 520
Portland, OR 97201-4960

Fee-for-service high cost/high risk .. Health Integrated ..... 800-711-6687

# Prior Authorization Contacts, continued

## for Services Not Covered by a Prepaid Health Plan

| | | |
|---|---|---|
| **Transplants** | Medical Directors Unit | 800-527-5772/503-945-6488 |
| Fee-for-service high cost/high risk | Health Integrated | 800-711-6687 |
| **Transportation** | Local branch office/brokerage | |
| **Visual Services** | OMAP Medical Unit | 800-642-8635 |
| Fee-for-service high cost/high risk | Health Integrated | 800-711-6687 |
| **Out-of-State Services** | Medical Directors Unit | 800-945-6488 |
| Fee-for-service high cost/high risk | Health Integrated | 800-711-6687 |
| **OMAP Medical Unit** | FAX | 503-378-5814 |

considered to be cost effective and may be required unless written medical documentation in the branch record indicates ride sharing is not appropriate for a particular client. The written documentation will be made available for review upon request by OMAP. Mileage reimbursement will be made to one of the clients who are sharing a ride. Payment will not be made to more than one client for each ride.

## 2. Covered Transports

OMAP will reimburse for medical transportation, for eligible Title XIX and Title XXI (for exceptions see *Not Covered Transports* in this guide) and TANF eligible clients (unless non-emergent transportation is excluded from the client's benefit package), when the following occurs:

- It has been determined by the branch authority that the client has no other means of transportation available; and
- When a properly completed Medical Transportation Order (OMAP 405T) or its equivalent has been forwarded to the transportation provider; AND
- The transportation provider is actively enrolled with OMAP as a provider of Medical Transportation services and the service to be obtained is one of the following covered services:
    - Administrative Medical Exam. (An open eligibility segment on ELGR must be present in order for the claim to be paid.)
    - Adult day care service, where medical services are provided
    - Ambulatory Surgical Center service
    - Chemotherapy
    - Chiropractic service
    - Day treatment for children (DARTS)
    - Dental/denturist service
    - Diabetic/self-monitoring training and related services
    - Family sex abuse therapy, when provided by a mental health clinic
    - Federally Qualified Health Care Center service
    - Hemodialysis
    - Hospital service. (Includes inpatient, outpatient, and emergency room.)
    - Maternity management service. (Reimbursement for transportation is for client transport only. These services are provided for pregnant women and are provided only at medical offices, hospitals, public health departments and other medical facilities.)
    - Mental health and alcohol and drug service. (When provided by mental health organizations, mental health clinics or other providers subcontracted with prepaid health plans to provide mental health and/or alcohol and drug services.)

- Naturopathic service
- Nurse practitioner service
- Nursing facility service
- Pharmaceutical service

⇒ **Remember:** Most pharmacies now provide free delivery of prescriptions. Also, mail order pharmacy is still available for those clients who are on maintenance medications and who can reasonably utilize mail order services.

Wellpartner is the contracted mail order pharmacy for OMAP. Contact either Wellpartner at 1-877-935-5797 or the OMAP Pharmacy Program Manager for more information. Prescription order forms are available from the DHS website at **www.dhs.state.or.us/healthplan/clients/mailrx.html**. Mail order, free delivery and DHS Volunteers should always be considered as a resource**.**

- Physical and occupational therapy
- Transports to swimming pool therapy will be reimbursed only if the therapist is providing therapy "one-on-one" in the pool with the client and the therapy has been prior authorized.
- Physician service
- Podiatrist service
- Special transports to obtain out-of-state services not available in Oregon. Must be authorized by the OMAP Out-of-State Services Coordinator and Medical Transportation Program Manager.
- Speech/hearing/audiology service
- Transplant. Must be authorized by the OMAP Transplant Coordinator or the client's prepaid health plan.
- Vision service (including ophthalmic services)
- Waivered service as follows: OMAP will reimburse for transportation from a nursing facility to a Title XIX waivered living situation (i.e., AFC, SLC, RCF, Group Home) or from one Title XIX waivered living situation to another Title XIX waivered living situation or nursing facility.
- Transports to Title XIX psych hospitals for inpatient or outpatient psych services (covered for clients of all ages)

# A. Premiums Overview

**S**ome 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 or the client has questions about premium payments.

# B. Who Pays Premiums?

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 clients) are exempt from

paying premiums:

- American Indian/Alaska Native
- CAWEM

## 1. Rate schedule

Premium rates are based on the number of people required to pay premiums and household income. **For actual income amounts, refer to CAF Rule 461-155-0235.**

## 2. Premium Billings and Payment

OHP premiums are collected by the Oregon Health Plan Premium Billing Office. The contractor is the William C. Earhart Co., but workers should always refer to it as the OHP Premium Billing Office. That way, the contractor's other phone lines will not be tied up with OHP premium calls.

OMAP sends data to the billing office monthly. Premium billings are sent to clients during the first week of each month. **Payments are due by the 20th of the current month.**

Clients should pay their premiums using the return envelope that comes with their billing. The address is: OHP Premium Billing Office, P.O. Box 3949, Portland, OR 97208-3949. Anyone may pay premiums on behalf of a client. Payments should be made by check, money order or cashier's check. ***Payments cannot be made in cash or by credit card.*** Clients who come to a branch office wanting to pay their premiums should be told to send payments to the above address. **Their premium billing includes a return envelope.** The payment coupon should be included with the payment.

# C. Nonpayment of Premiums

## 1. Arrearage

Clients are given a one month grace period before losing eligibility. If a required premium payment is not received by the OHP Premium Billing Office on or before the 20th of the month following the due date, all premium paying OHP-OPU clients **on the case** will lose eligibility the first of the next month. For example:

Premium is due July 20th for July coverage
Client(s) **must** make that July payment by August 20th, or
Client(s) will lose coverage September 1st

If **one** premium paying adult in a household does not pay their premium, then **all** premium paying adults in that household will lose eligibility. They will **all** be ineligible for OHP coverage for six months. They must also pay premium arrearages before becoming eligible again. Any OHP Plus members of the household **will not lose coverage**.

Premiums billed after January 2003 cannot be waived. 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. Refer to the CAF Family Services Manual for specifics. (OAR 461-135-1100, 461-135-1120, and 461-135-1130)

Past arrearage can be adjusted if the Department is notified a member of the filing group filed for bankruptcy. 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. In order to have such an arrearage removed from the system, the worker should contact a CAF Medical Program Analyst.

**2. Aid Paid Pending**

- In an OHP-OPU client requests a hearing contesting disqualification for nonpayment of premiums and receives continuation of benefits:
- The worker codes the case with an OAP case descriptor and need/resource item.
- Clients with OAP coding continue to receive premium bills. OAP clients will not be disqualified during the aid paid pending period for nonpayment of premiums.
- If the branch decision to disqualify is upheld, the OAP coding is removed and the medical aid paid pending is ended. The client must serve the six month penalty period and pay past due premiums before their OHP-OPU may be reopened.
- If the branch decision to disqualify is overturned, the OAP coding and disqualification coding is removed. The client must pay all past due premiums billed after February 1, 2003, to avoid disqualification.

## D. Premium Questions?

- For questions about the billing (whether a payment was received, etc.), call the OHP Premium Billing Office at the number listed on the billing notice, 1-800-922-7592. Workers **only** may call 503-535-1400.
- 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 appears on each client's OMAP Medical Care ID.

## E. Copayments *General Rule 410-120-1230*

Some OHP clients will be charged 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 ID in fields 7a and 7b.

### 1. Exemptions

OHP Plus clients who are enrolled in Fully Capitated Health Plan, Dental Plan, or Mental Health Plan will not be charged 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 will **not** be charged a copayment:

- Pregnant women
- Children under age 19
- American Indian/Alaska Native clients
- 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

### 2. OHP Plus - Copayment Information

Some OHP Plus clients will be charged the following copayments:

- $2 for generic prescription drugs
- $3 for brand name prescription drugs
- $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 copayment charged for treatments performed by the provider, such as immunizations, lab, or x-rays.

Services to a client **cannot be denied** 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.

#### Services Requiring a Copayment

The following are services for which an OHP Plus client would be charged a copayment:

- 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 will **not** be required 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)

OHP Plus clients will **not** be charged a copayment for the following drugs:

- Prescription drugs for family planning services, like birth control pills
- Prescriptions obtained through the Mail Order Pharmacy Program

## 3. OHP Standard - Copayment Information

Clients on OHP Standard have a higher copayment than those on the OHP Plus benefit package. They also make copayments on more services.

Health care providers have a complete list of all services and items which require a copayment and the amount of the copayment. The provider may collect the copayment at the time of service or bill the client for it later.

If the client does not make the required copayment, the provider **may refuse** service to the client. The client will also owe a debt to the provider for any unpaid copayments.

A client may be charged more than one copayment per provider per day.

OHP Standard does not require copayments for the following services:

- Family Planning services and supplies, like birth control pills
- Pap smears
- Mammograms (breast x-rays)
- Fecal occult blood test

- Diagnostic sigmoidoscopy (over age 50)
- Total blood cholesterol screenings
  for men ages 35-64
  for women ages 45-64
- Rubella serology or vaccinations for women of childbearing age
- Tetanus Diphtheria (Td) boosters
- Influenza Immunizations
- Hospice services
- Administrative Medical Exams - medical examinations required by DHS staff to assist in determining eligibility
- Venipuncture
- Women's annual health exams
- Pneumococcal vaccinations

***OHP Standard requires copayments for the following services:***

**Hospital:**

Inpatient Care (per admission) ..... $250
Outpatient Surgery and Ambulatory Surgical Centers ..... $20
Other Outpatient Hospital Services ..... $5
Emergency Services (waived if admitted) ..... $50

**Professional visits for:**

Primary and Specialty Care, including urgent care ..... $5
Office, medical procedures ..... $5
Surgical procedures ..... $5
Occupational Therapy, Physical Therapy, or Speech Therapy ..... $5

**Prescription Drugs:**

Generic prescription drugs ..... $2
Brand name mental health, cancer and HIV drugs ..... $3
All other brand name drugs ..... $15

**Home visits for:**

Home Health, Private Duty Nursing, or Enteral/Parenteral Nutrition and IV services ..... $5

**Other services and procedures:**

Chemical Dependency Services/Mental Health Services (no

copayment for medication services or case management services) ..... $5

Emergency Ambulance Services ..... $50

Laboratory and Radiology Test and Diagnostic Procedures ..... $3

Radiology treatments ..... $5

## F. Mail Order Pharmacy Program

Clients who have ongoing prescription needs may receive their prescriptions through the Mail Order Pharmacy Program. Clients on the OHP Plus Benefit package do not have to make copayments on drugs ordered through this program. Clients can use this program even if they are restricted to one pharmacy through the Pharmacy Management Program. Effective July 1, 2003, clients on the OHP Standard Benefit Package will no longer have prescription drug coverage and are not eligible to participate in the Mail Order Pharmacy Program.

Mail Order Pharmacy Program is currently contracted through Wellpartner. Prescription order forms are available from the OMAP Web site at **www.dhs.state.or.us/healthplan/clients/index.html.**

First time prescriptions and completed order forms are to be mailed to Wellpartner, Inc., P.O. Box 5909, Portland, OR 97228-5909. Clients may fax or have their health care provider fax a new prescription with the order form to Wellpartner at 1-866-MAILRXS (1-866-624-5797) toll free, or in Portland (503) 540-0656.

## G. Pharmacy Management Program

### 1. 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 retail pharmacy, they can still use the Mail Order Pharmacy Program.

### 2. Selection

Clients will be restricted to a single pharmacy, per household once a pharmacy claim is processed through First Health and shows adjudicated at OMAP. First Health will send a weekly file to OMAP by Thursday of each week. The client's TPR file (ELGX) will be automatically updated to show the restricted pharmacy for the entire household and a new Medical ID card will be generated. The client will also receive a system-generated notice explaining the program and allowing a 30-day window to change pharmacies. Clients will be restricted to one pharmacy per household.

The designated pharmacy will show 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 will be allowed access to any pharmacy belonging to that chain regardless of geographical location within Oregon and contiguous service areas.

**3. Who Will be Enrolled**

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

**4. Exemptions from 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
- Is a child in DHS care and custody
- Is an inpatient in a hospital, long-term residential care facility, or other medical institution

**5. Changes to a Client's Pharmacy Management Program**

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 OMAP's Health Management Unit (HMU) with the client's pharmacy choice or the client can call the Client Advisory Services Unit (CASU) directly at 1-800-273-0557. CASU will be responsible for giving the information to HMU to update the client's TPR file. New Medical ID cards will be system generated 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 HMU. Branch Workers can call HMU directly at (503) 945-6523. Mail or fax to:

HMU
500 Summer Street NE
Salem, OR 97301-1079
Fax # (503) 945-6873