

DCO-OHP 101

Over 550,000 OHP clients enroll with a DCO



Dental Care Organizations

This document represents a collaborative effort by Oregon's Dental Care Organizations to provide dental and general information regarding the Oregon Health Plan (OHP) to interested stakeholders.

Dental Care Organizations

Oregon's Medicaid program, OHP, contracts with the eight Dental Care Organizations. DCOs provide dental services to over 96 percent of OHP clients eligible to receive dental benefits and services. For more information on OHP service areas, please see:

www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml.

Your Oregon Dental Care Organizations, listed in alphabetical order are:

ACCESS DENTAL PLAN	
Member	(877) 213-0357
Services	(503) 445-9056
CAPITOL DENTAL CARE	
Member	(800) 525-6800
Services	(503) 585-5205
MANAGED DENTAL CARE OF OREGON	
Member	(800) 538-9604
Services	(503) 581-1407
ODS COMMUNITY HEALTH	
Member	(800) 342-0526
Services	(503) 243-2987

ADVANTAGE DENTAL SERVICES	
Member	(866) 268-9631
Services	(541) 504-3901
FAMILY DENTAL CARE	
Member Services	(866) 875-1199
MULTICARE DENTAL	
Member	(877) 350-7333
Services	(503) 988-3711
WILLAMETTE DENTAL GROUP	
Member	(800) 461-8994
Services	(503) 952-2100

OHP and Managed Care Organizations

OHP delivers benefits and services primarily through contracted managed care organizations (plans). Plans coordinate covered services and benefits through contracted providers for OHP clients. There are different types of managed care organizations or plans that work with OHP.

- Dental DCO- Dental Care Organizations
- Medical FCHP - Fully Capitated Health Plans
- Medical PCO - Physician Care Organizations
- Medical PCM - Provider Care Manager
- Mental MHO - Mental Health Organizations



Oregon Health Plan

The Oregon Health Plan (OHP), Oregon's innovative Medicaid program, provides health care coverage to over 600,000 uninsured Oregonians living with low-incomes.

OHP is administered by the **Division of Medical Assistance Programs (DMAP)**. DMAP is an agency within the Division of the Department of Human Services (DHS). Beginning July 2011, DMAP will be housed with the newly organized **Oregon Health Authority (OHA)**.

Applying for OHP

Every county in Oregon has a local DHS branch office that can assist in the OHP application process and provide application materials. For a list of office addresses and telephone numbers, see <http://www.oregon.gov/DHS/localoffices/index.shtml>.

Applications and information are also available online at: http://www.oregon.gov/DHS/healthplan/app_benefits/main.shtml or by calling the OHP Application Center at 1-800-359-9517.



OHP Coverage letter and ID card

The State no longer sends out monthly enrollment cards. A Coverage letter and Medical Care ID are sent once and only re-sent if there is a change in coverage. Individuals who qualify for OHP receive a Coverage letter and a wallet sized ID card. An example of the OHP Coverage letter and ID card is attached.

Please note: OHP eligibility must be confirmed at time of service. An ID card does not guarantee benefit eligibility.

Following enrollment in OHP, the state sends the client an OHP Client Handbook. Plans also send out new member packets, including the plan's handbook. If a member needs this information resent, they should contact their plan. In addition, many plans have Web sites that include member education and handbooks.



Sign up for eSubscribe to receive free e-mail updates on important OHP changes affecting you.

Go to www.oregon.gov/DHS/healthplan/notices_providers/main.shtml and choose which alerts you want to receive. It's fast, secure and easy.

Service Delivery

Plans do not enroll members. Enrollment takes place at DHS branch offices. DMAP sends the plans an enrollment file as well as provides them with online access to eligibility information. If a member believes an enrollment error has occurred, they should contact their case worker. An error in enrollment can often be corrected.

All family members must enroll in the same managed care plan. When selecting a plan, the client should call the plan and ask basic questions regarding provider proximity, bilingual staff, etc.

Most clients live in *mandatory enrollment* areas for plans. If multiple plans are available, the client may choose their plan. When a client lives in a mandatory enrollment area and does not select a plan, DMAP **auto-enrolls** the client. Auto-enrollment is computer generated and plan assignments are rotated for equal distribution.

Plan changes are allowed in special circumstances, such as if the client moves or there is medical necessity for specialized care. Some clients qualify for an exemption to mandatory plan enrollment, such as American Indian tribal members or individuals with special medical or travel needs.

Once a client chooses or is auto-enrolled with a plan, they remain enrolled until the OHP re-determination process, generally every 12 months.

OHP Medical and Dental Plans are listed by county with additional information at: <http://www.oregon.gov/DHS/healthplan/managed-care/plans.shtml>.



OHP dental benefits

A current and detailed dental benefit list is available in the OHP Dental Services Rulebook online at: www.dhs.state.or.us/policy/healthplan/guides/dental/main.html.

We are here to help

DCOs want to help our OHP patients. Patients should be encouraged to contact their DCO before a dental emergency happens. Prevention is a cornerstone of OHP. Encourage OHP members to pro-actively access all their available benefits to ensure treatment, ongoing care, and a healthier Oregon.

OHP clients may also call the OHP/DMAP Client Services Unit at 1-800-273-0557.

Checking Eligibility

OHP rules advise a provider that it is their responsibility to verify eligibility at each visit for a billable service. If an OHP client does not have their ID card, providers can verify eligibility by using the client's name, and birth date or social security number.

If your patient is enrolled in a plan, follow the plan protocols. The following self-service Provider Tools for accessing client eligibility:

Provider Web Portal: The Provider Web Portal provides secure, real-time eligibility verification. A Provider Web Portal Quick Tip Sheet is attached. For more *Tools for Providers* is available on OHP's Web site at www.oregon.gov/DHS/healthplan/tools_prov/main.shtml.

Automated Voice Response (AVR): The AVR is a telephonic system that provides real-time information using a touch-tone telephone and calling 1-866-692-3864.

Electronic Data Interchange (EDI): As a registered EDI user, providers can submit and receive batch eligibility inquiries using the 270/271 transaction.

For more information on all three 24-hour, secure systems go to: oregon.gov/DHS/healthplan/tools_prov/main.shtml#eligibility.

Possession of an OHP
Medical Care ID card does
NOT guarantee eligibility.



No Shows

A **no show** is considered a missed appointment when a patient does not provide 24-hour advance notice. DCOs estimate that **no shows** represent between 25 – 40 percent of all appointments. This results in valuable treatment time lost that could have been used for another patient. In extreme cases of member/patient **no shows**, the plan may request that the member be disenrolled.

Providers should provide patient education when a **no show** becomes a problem. Practices should also stress to their clients the importance of keeping appointments and communicate that no shows represent an unnecessary cost to the OHP system.

OHP Benefit Packages

OHP Plus (Code – BMH). This is the richest benefit package and covers children **under age 19**, pregnant adults, and people who are blind, disabled, over 65, or receive TANF benefits.

Healthy Kids is the name for the OHP Plus enrollment children’s outreach program.

OHP with Limited Drug (Codes - BMM or BMD). This package is for clients who are eligible for both Medicaid and Medicare Part D and provides the same comprehensive benefits as OHP Plus. Only prescriptions are limited.

OHP Standard (Code - KIT). This limited benefit package covers a limited number of uninsured adults not eligible for traditional Medicaid.

OHP Supplemental (Code - BMP). This benefit package provides OHP **pregnant** clients with additional dental and vision benefits.

Citizen Alien-Waived Emergency Medical Assistance (Code - CWM). Coverage is limited to emergency medical services and childbirth, only. CAWEM is for non-U. S. citizens who would be eligible for OHP except for their citizenship status.

CWM Plus Prenatal (Code - CWX). The partnership between OHP and County Health Departments provide nearly the same benefits and services as **OHP Plus** and **OHP Supplemental** to pregnant CAWEM clients. At the time of publication, seven counties were participating, Benton, Clackamas, Deschutes, Hood River, Jackson, Lane, and Multnomah.

Pregnant OHP clients

OHP clients receive additional benefits during their pregnancy through the OHP Supplemental benefit package BMP. Pregnant women should call their case worker immediately.

Healthy Kids Connect. Healthy Kids Connect is administered by the Office of Private Health Partnerships. Qualified families with incomes between 201 and 300 percent of the Federal Poverty Level (FPL), up to \$66,156 for a family of four, can enroll their child(ren) in a private health insurance and receive a sliding-scale subsidy to help pay monthly premiums. More information is available at www.oregon.gov/OPHP/kidsconnect/index.shtml.

OHP dental benefits and services*

A Quick Tip page (DMAP Form 1418) showing other OHP service levels is attached.

- ◆ Cleaning
- ◆ Denture relines, adjustments and repairs
- ◆ Endodontic services (root canals for some teeth)
- ◆ Exams
- ◆ Fluoride
- ◆ Dentures - full and partial
- ◆ Oral surgery - some
- ◆ Periodontal services (scaling and root planing, maintenance)
- ◆ Prescriptions (covered under OHP medical benefits)
- ◆ Preventative services
- ◆ Sealants (children only)
- ◆ X-rays

Service Limits

Benefit package limits apply to **OHP Standard** (Code - KIT) clients. OHP Standard clients only receive immediate or urgent care dental services for conditions such as acute infection, abscesses or severe tooth pain. Coverage does not include services to restore teeth, like fillings.

CAWEM (Code - CWM) clients **do not** receive dental benefits.

Additional Services

Clients with *these benefit packages* receive the additional benefits and services listed below:

- **OHP Plus** if younger than 21 years old (Code – BMH)
- **OHP with Limited Drug** if younger than 21 years old (Codes - BMM or BMD)
- **OHP Supplemental** for pregnant women (Code - BMP)
- **CAWEM Plus** pre-natal (Code - CWX)
- ◆ Crowns
- ◆ Full denture replacement
- ◆ Some additional gum and oral surgeries
- ◆ Root canals on molars and some other tooth root procedures

Emergency and urgent care

Clients enrolled in a DCO plan should call their assigned dentist or plan. Examples of dental **emergencies** that require immediate treatment include severe tooth pain, serious infection, or a knocked-out tooth.

Urgent dental care is dental care requiring prompt but not immediate treatment. Examples of urgent conditions include toothaches, swollen gums, or a lost filling.

***Benefits and services are examples only. For current information, refer to OHP Rules.**

RESOURCES

Provider Resources

OHP managed care enrollment reports

www.oregon.gov/DHS/healthplan/data_pubs/enrollment/main.shtml

OHP Dental Service Rules – includes covered dental benefits

<http://www.dhs.state.or.us/policy/healthplan/guides/dental/main.html>

Client Resources

Information about the Oregon Health Plan – Green Booklet

<http://dhsforms.hr.state.or.us/Forms/Served/HE9025.pdf>

Oregon Health Plan – Client Handbook

<http://dhsforms.hr.state.or.us/Forms/Served/HE9035.pdf>

Managed Care Organizations by county

www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml

Information on the Oregon Healthy Kids program

www.oregonhealthykids.gov/

OHP open card/fee-for-service dental providers. Providers listed on this Web site may or may not be accepting new clients.

www.insurekidsnow.gov/state/oregon/oregon_oral.html

DHS – Branch field offices

<http://www.oregon.gov/DHS/localoffices/index.shtml>



No-cost stop smoking and chewing programs for OHP clients.

Oregon Tobacco Quit Line

English: 1-800-QUIT NOW (1-800-784-8669)

Spanish: 1-877-2 NO FUME (1-877-266-3863)

TTY: 1-877-777-6534

How to read the Web portal eligibility verification screen

When you enter a client's 8-digit ID number and a valid date of service ("From" date no more than 13 months before the date of inquiry, and the "To" date no later than the date of inquiry) on the Eligibility Verification Request screen, you will see the following information.

- **To verify whether an OHP Plus client needs to pay a copayment**, use the Automated Voice Response (AVR) at 866-692-3864 or the Web portal Benefits and HSC List Inquiry screen.
- For more tools, such as carrier contact information, benefit plan references, and the AVR user guide, go to www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml.

1 Client Information			
Client ID	AA#####A	Last Name	DOE
SSN	#####	First Name	JANE A
Birth Date	12/09/2000	Medicare A	11/19/2008 11/19/2008
Last EPSDT	06/19/2008	Medicare B	11/19/2008 11/19/2008
		MedicareD	
Branch ID	5503		
Phone Number	(503) 378-2666		

2 Benefit Plan			
Benefit Plan	Effective Date	End Date	
BMH	05/22/2008	11/19/2008	
CRN	05/22/2008	11/19/2008	
SMHS	05/22/2008	11/19/2008	

For more information about benefit plans and OHP Plus copayments, go to www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml.

3 Third-party liability (TPL)			
Carrier Name	Policy Number	Policy Holder	Coverage Type
BLUE CARD CUST SERV DEPT	#####	JOHN DOE	MAJOR MEDICAL MA
VISION SERVICE PLAN	#####	JOHN DOE	OPTICAL
CIGNA HEALTH CARE	#####	JOHANNA DOE	DENTAL
PRIME THERAPEUTICS/PAPER	#####	JOE DOE	PRESCRIPTION DRUG

4 Managed Care			
Provider Name	Provider Phone	Plan Type	Effective Date
ADVANTAGE DENTAL	(866)268-9631	DCO	11/19/2008

5 Lockin			
Lockin Plan	Effective Date	End Date	Provider Name
Lockin Pharmacy	08/01/2000	12/31/2000	1234567890 NPI

6 Service Limitations	
Service Limitation	has been found for Procedure Code 92002, next possible date of service is

1 Client information:

- ◆ The client's recipient ID number, name, Social Security number and birth date;
- ◆ Date of the client's last dental visit; the "Last EPSDT" field is not used.
- ◆ Medicare Part A, B or D coverage (the To date will display with your date of inquiry).
- ◆ The client's DHS branch office ID and telephone number.

2 Benefit plan(s):

- If the client is eligible, the end date will display as the date of your inquiry. The following codes indicate DHS medical benefit packages:
- ◆ BMD - OHP with Limited Drug ◆ BMP - OHP Plus Supplemental
 - ◆ BMH - OHP Plus ◆ CWX - CAWEM Plus
 - ◆ KIT - OHP Standard ◆ MED - Qualified Medicare Beneficiary (QMB)
 - ◆ CWM - CAWEM ◆ BMM - QMB plus OHP with Limited Drug
- "CRN" (Contract Nursing) and "SMHS" (State Medicaid Mental Health Services) benefit plans will also display for clients with BMD, BMH, KIT, BMM, or CWX.

3 Third-party liability (TPL):

The carrier name, policy number, policy holder information, coverage type and coverage dates for any third-party resources.

4 Managed care:

The name, phone number, and effective dates for enrollment with an OHP medical, dental, or mental health plan or a Primary Care Manager (PCM).

- ◆ Provider Name and Phone Number - The plan or PCM's name and telephone number.
- ◆ Plan Type - DCO (Dental), FCH (Fully Capitated Health Plan), MHO (Mental Health), PCO (Physician Care Organization).

5 Lockin:

If the client is locked into using a specific pharmacy through the Pharmacy Management Program, the effective dates and contact information will display here.

6 Service limitation:

If you enter a procedure code with a service limitation when entering the client ID and dates of service on the Eligibility Verification Request screen, the next available date of service for that procedure will display here.

Coverage letter and ID

Coverage letter

One OHP Coverage letter is sent to a household and shows the caseworker's ID and phone number, benefit package, any copayment requirements, and managed care enrollment.

The first page lists the reason the letter was sent. The second page shows eligible household members coverage. Managed care plans or other insurance information is detailed on the third page.

The letter is for the client's information only and they do not need to show it to providers. Clients should see their caseworker for replacement letters.

OHP Benefit Plan Coverage

A quick benefit overview is mailed with the initial Coverage letter. DMAP refers to it as the *yellow sheet*. Additional updated copies are available for the yellow sheet, Form DMAP1418 on the OHP Forms and Publication page at:


<http://www.oregon.gov/DHS/healthplan/forms/main.shtml>.

ID

Every eligible person in a household receives their own Medical ID. New ID cards are not mailed unless there is a name change or the client requests a replacement from their caseworker. Clients should see their caseworker for replacement IDs.

Managed care plans may also issue their own identification cards.

Front

DHS Medical Care ID	
John Doe	
Client ID #:	
AB1234CD	
Date card issued:	
03/09/09	
	

Back

Clients – Coverage questions?
Call 800-273-0557.

Providers – This card does not guarantee coverage. Verify coverage at: <https://www.or-medicaid.gov> or by calling 866-692-3864.

Billing questions? Call 800-336-6016.

Sample OHP Coverage letter - page one

5503 XX#### XX P2 EN AT
PO BOX #####
SALEM, OR 97309
DO NOT FORWARD: RETURN IN 3 DAYS

Branch name/Division: OHP/CAF

Worker ID/Telephone: XX/503-555-5555

JOHN DOE
123 MAIN ST

HOMETOWN OR 97000

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.

Welcome to the Oregon Health Plan (OHP). This is your **new coverage letter**.

This letter lists coverage information for household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reasons for letter:

Managed care plan or Primary Care Manager enrollment changed for:

Doe, John – 7/13/2009

Doe, Jane – 7/13/2009

Doe, Timothy – 7/13/2009

Doe, Kathy – 7/13/2009

Here are examples of the Coverage letter pages two and three

The following chart lists coverage information for everyone who is eligible in your household. See the enclosed Benefit Package chart for information about what each benefit package covers. Letters in the Managed Care/TPR enrollments section refer to the plans listed on the Managed Care/TPR Enrollment page.

Name	Date of birth	Client ID #	Copays?	Benefit Package	Managed Care/TPR enrollment
John Doe	01/01/1968	AB1234CD	No	OHP Standard	A, B, C
Jane Doe	02/01/1968	AB1235CD	No	OHP with Limited Drug	A, B, C, G, H, I
Timothy Doe	03/01/2006	AB1236CD	No	OHP Plus	B, C, D, F
Kathy Doe	04/01/2007	AB1237CD	No	OHP Plus	B, C, E, G, H

Managed Care/TPR enrollment

Plan Information	Plan Information	Plan Information
A Fully Capitated Health Plans - DOCTORS UNLIMITED 800-555-5555	B Dental Care Organizations - DC HAPPY TEETH 866-555-5555	C Mental Health Organizations - MH CANYON MENTAL HLTH ORG 888-555-55555
D MAJOR MEDICAL MATERNITY EMPLOYER'S INSURANCE Pol# 12345678 ABC123456789	E DCM-FFS Disease Mgmt DCM Contractor 800-555-5555 DCM-PGM	F PRESCRIPTION DRUGS - COST OREGON'S PHARMACY
G Medicare Part A MEDICARE NW - PART A	H Medicare Part B MEDICARE-B/BC N DAKOTA	I Medicare Part D MEDICARE PART D

Oregon Health Plan benefit plan coverage

DHS will pay for services that show a “✓.” Limited services are covered at a reduced level. See the OHP Client Handbook for benefit details. For a copy of the handbook, call 1-800-359-9517.

Covered services		OHP Plus; OHP with Limited Drug*		OHP Standard	CAWEM	CAWEM Plus	QMB
		Children; adults with OHP Plus - Supplemental	Other adults				
Acupuncture		✓	✓	Limited		✓	
Chemical dependency		✓	✓	✓		✓	
Dental	Basic services including cleaning, fillings and extractions	✓	✓			✓	
	Urgent/immediate treatment	✓	✓	✓	Emergent only	✓	
	Other services	✓	Limited			✓	
Hearing aids and hearing aid exams		✓	✓			✓	
Home health; private duty nursing		✓	✓			✓	
Hospice care		✓	✓	✓		✓	
Hospital care	Emergency treatment	✓	✓	✓	✓	✓	
	Inpatient/outpatient care	✓	✓	Limited		✓	
Immunizations		✓	✓	✓		✓	
Labor and delivery		✓	✓	✓	✓	✓	
Laboratory and X-ray		✓	✓	✓	Emergent only	✓	
Medical care from a physician, nurse practitioner or physician assistant		✓	✓	✓	Emergent only	✓	
Medical equipment and supplies		✓	✓	Limited		✓	
Medical transportation		✓	✓	Emergent only	Emergent only	✓	
Medicare premiums, copayments (except for drugs) and deductibles							✓
Mental health		✓	✓	✓		✓	
Physical, occupational and speech therapy		✓	✓			✓	
Prescription drugs		✓	✓	✓		✓	
Vision services	For medical and emergent treatment	✓	✓	✓	Emergent only	✓	
	For glasses or contact lenses	✓	Limited			✓	

* Drug coverage for this benefit package is limited to drugs that are not covered by Medicare Part D.

OHP offers more services and places more limitations than are listed here. This chart is meant to be a guide, not OHP policy.

