



The Oregon Health Plan Managed Care Delivery Systems

by

Division of Medical Assistance Programs
(DMAP) Delivery Systems Unit (DSU)

How services are delivered

There are two ways Oregon Health Plan services are delivered:

- **Fee-for Service (FFS) or Open Card:** The method of paying a medical provider a fee for the health care services they provide to a client.
- **Managed Health Care:** Managed Care Organizations (MCOs) contract with DHS to provide physical, dental, mental health and/or chemical dependency services for OHP clients. DMAP pays these plans a monthly fee for each enrolled person (a.k.a. capitation) for the services they provide.

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Current Managed Care Models

- Fully Capitated Health Plans (FCHP)
 - Physician Care Organizations (PCO)*
 - Primary Care Managers (PCM)
 - Dental Care Organizations (DCO)
 - Mental Health Organizations (MHO)
- * PCOs are currently only available in Marion, Polk, Clackamas & Multnomah Counties

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Who gets what?



- The benefit package the client is eligible to receive is determined by their caseworker.
- A client's age, case descriptors and program type set the "Program Eligibility Report Code" (PERC) which is sent to the Managed Care plans.

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There are 7 Benefit packages:

- OHP Plus Benefit Package (BMH)
- OHP Plus Benefit Supplemental Package (BMP) This benefit package covers certain dental and vision services only for pregnant adults who receive OHP Plus benefits through the BMH, BMD and BMM packages. Benefit only applies to pregnant adults receiving BMH, BMM or BMD benefits.
- OHP Standard Benefit Package (KIT)
- OHP + Medicare D (BMD)
- QMB + OHP Plus (BMM)

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Benefit packages continued

- MED-QMB Only (QMB)*
- Citizen/Alien-Waived Emergency Medical (CWM)* and CAWEM Plus (CWX)*

Effective 10/1/09, clients with CAWEM Emergency Medical coverage who are pregnant, or become pregnant, & live in one of the following counties: Benton, Clackamas, Deschutes**, Hood River, Jackson, Lincoln and Multnomah**.

*QMB, CWM and CWX are not managed care plan enrollable.

**CAWEM Plus has been available in Deschutes and Multnomah counties since April 2008.

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Why Managed Care may be better for your client...

- Access to health care
- Preventive health services
- Exceptional Needs Care Coordinator
- Coordination of Care
- Medication Management



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Helping your client decide



- Does the family have special needs?
- Does the client already have services scheduled? If so, with whom?
- Does your client's doctor contract with a specific managed care plan?
- Which hospital does the plan contract with? (This is especially important for pregnant moms.)

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CHOICE COUNSELING

- It is important for clients to choose managed care plans that best meet their needs. Usually clients will make their own decisions about which MCO and/or Primary Care Manager (PCM) is best for them.
- To help them decide, DMAP includes MCO comparison charts with all new application packets. The comparison chart is a choice counseling tool and is formatted so that all MCOs in a specific area can be compared to one another. You can access the comparison Charts at:
<http://www.oregon.gov/DHS/healthplan/managed-care/plans.shtml>
- Choice Counseling is required for Senior and People with Disabilities (SPD) clients but is helpful for all clients.

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CHOICE COUNSELING

Choice counseling checklist:

- Does the client reside in a mandatory or voluntary enrollment area?
- Does the client's doctor, (PCP) participate with an available MCO or could they be select to be a PCM?
- Do the client's children have a PCP? Does the PCP participate with an available MCO?
- Is the medical or dental office near the client's home on a bus line? Can they get to their appointments easily?
- Are the PCP's office hours convenient for the client?
- Where will they go for medicine? Is there a pharmacy near their home?

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CHOICE COUNSELING continued

- Which hospital does the plan require the client to use for general hospital care? Is it near their home?
- Does the family have special medical, mental health, or chemical dependency needs to be considered?
- Is the client elderly or disabled, requiring Exceptional Needs Care Coordination (ENCC)?
- What transportation is available to the client to access medical services?

See Worker Guide for more information:

http://www.oregon.gov/DHS/healthplan/data_pubs/wguide

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Managed Care Exemptions

- Unless a client has an exemption from managed care in the system, the client will be auto enrolled if they reside in a mandatory service area.
- The client may temporarily or permanently be exempt from enrolling in a MCO if they meet certain criteria and are approved for an exemption. Exemption codes are restricted and can only be entered by authorized staff such as CES and HIG
- Some exemptions must be approved by the DMAP Clinical Unit, SPD or a DMAP Prepaid Health Plan (PHP) Coordinator.

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Managed Care Exemptions

- Exemption requests for clients of Children, Adults and Families (CAF/ Self Sufficiency) are sent centrally to DMAP's Medical Unit for approval.
- (Fax: 503-373-7689 or 503-945-6548, if questions contact 503-947-1146 or 503-947-5270.)
- The client's provider must write a letter to the DMAP Medical Unit, stating why an open card is needed for continuity of care reasons. Chart notes are necessary to support the request. If the request is approved, the client will be disenrolled from the managed care plan, with an exemption from managed care noted in the system for a specific amount of time.

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Who should my client call?

Call the plan when:

- Client needs new provider/specialist
- Access to providers
- Referral questions
- Complaints/Grievances & Appeals
- Billing Questions
- Special Needs call the ENCC of the MCO plan

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Third Party Insurance (TPL)

- All actions related to clients with third party insurance (TPL) are processed by the Health Insurance Group (HIG)
- Contact HIG if you need help to:
 - Have MMIS updated when TPL starts or ends.
 - Start or end a TPL exemption.
 - Disenroll from managed care if the client has active TPL.
- HIG contact information
 - In Groupwise: REFERRALS, TPR
 - Outside of Groupwise: TPRREF@state.or.us
 - By phone: 503 378-6233

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If my client needs help who should they contact?

DMAP / Client Services Unit

- **Client Services Unit (CSU):**
1-800-273-0557
- If clients have questions about
 - Coverage or the plan they are enrolled in
 - About access to provider
 - About billing

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I need some help! Who should I contact?

Client Enrollment Services Unit ces.dmap@state.or.us

- Plan enrollment and disenrollments
- Disease Case Management (DCM)/Medical Case Management (MCM) Removal
- Exemptions not related to third party insurance
- Proof of Indian heritage(PIH)/American Indian/Alaskan Native (AI/AN)
- End stage renal disease (ESRD) exemptions*
- Retro-enrollment requests **may** be granted on a case-by-case basis. This is not a contractual obligation by the Managed Care Plans. Enrollments needing corrections will be enrolled in the next weekly enrollment.

*Other exemptions are reviewed by the DMAP Medical Unit and require medical documentation, (chart notes).

*Client Services Unit Enrollment Team will contact the PHPC if needed.

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I need some help! Who should I call?

DMAP / Quality Improvement (QI) Coordinators

1-800-527-5772

- DMAP QI Coordinators work with the managed care plans addressing the following areas:
 - Annual on-site evaluations of the managed care plans, continued monitoring as they relate to Oregon Administrative Rules, policies and procedures related to managed care and OHP
 - Administrative Review (Provider Appeals)

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Other Resources

- **Client Maintenance Unit (CMU):** (503)378-4369-Correct information and history on eligibility files. Alternate prime issues. E-Mail Address CMMAINT@DHS.STATE.OR.US
- **Health Insurance Group (HIG):** (503)378-6233 Third Party Insurance issues. Fax: (503)373-0358 E-Mail Address: REFERRALS, TPR or TPREF@state.or.us
- **Client Services Unit (CSU):** 1-800-273-0557 E-Mail Address: DMAPCSU@DHS.STATE.OR.US Billing and access issues for FFS clients.
- **DMAP Clinical Unit: 1-800-527-5772;** Fax# (503)373-7689 Requests for continuity of care exemptions and expedited hearing requests
- **Addictions and Mental Health (AMH) Division:** (503)945-5763 Questions or issues with mental health organizations (MHOs)

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Other Resources

- **Medicare Unit**
 - General Medicare A & B Questions: (503)934-6064; (503)934-6063; or (503)934-6060
 - General Medicare D Questions: MMA Hotline 1-877-585-0077
 - More complicated Issues: (503)934-6062
 - Medicare Buy-In Unit: (503)934-6063
- **Unit Listing of SPD and AAA Field Offices**
 - http://www.dhs.state.or.us/spd/tools/spd_unit_listing.pdf

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