APD/SSP/CW
Regional Meetings
2015

Presentations
Packet 1

Office of Payment Accuracy and Recovery 9.11.15
http://www.oregon.gov/oha/healthplan/Pages/regionals.aspx

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OHA MAGI Medicaid System Transfer Project

Introducing the ONE Eligibility and Enrollment System for MAGI Medicaid

OregONEligibility

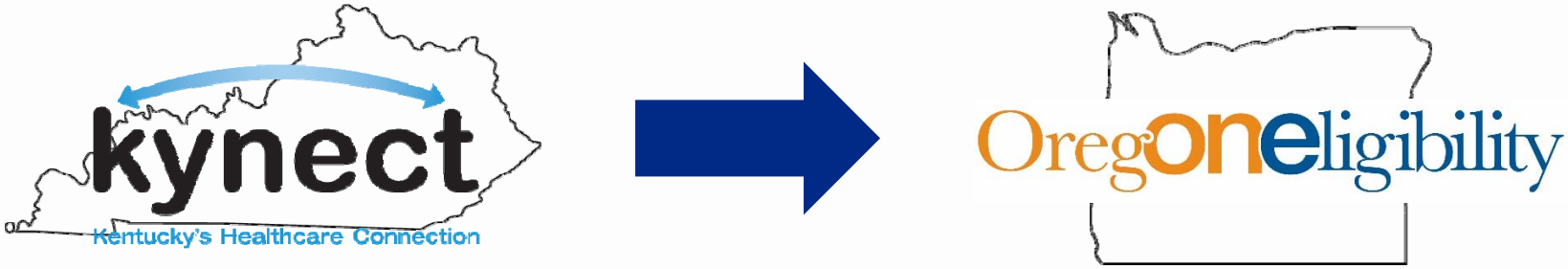
APD-SSP-CW Regional Meetings

Summer/Fall 2015

Oregon Health Authority

Project Approach

OHA is implementing a MAGI (Income Related) Medicaid eligibility & enrollment system based off of a system built in Kentucky.



- Making the minimum necessary system customizations
- Not all business needs will be met in the first phase.
- Therefore, policy and business processes will change wherever feasible.

Oregon Health Authority

When Will I Start Using the ONE System?

- Worker Portal will go-live **December 15, 2015**
  - Used by OHA and Shared Services staff for eligibility determinations
  - DHS Staff will generally have read-only access to ONE after completing training to see status of client applications

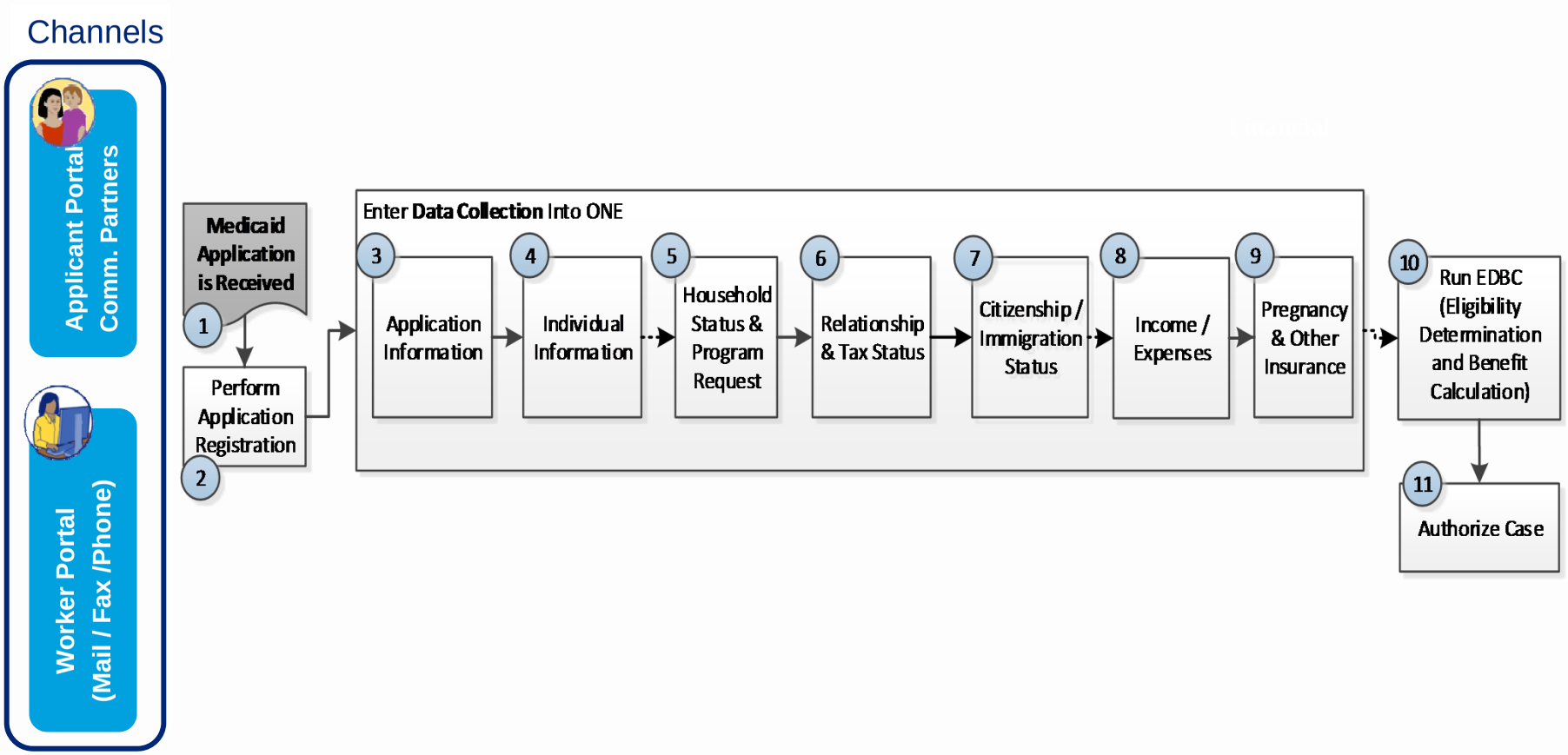
- Applicant Portal will go-live **February 6, 2016**
  - Used by Community Partners/Assisters and the public for self-servicing new eligibility determinations and enrollments and reporting future changes once a case has been determined in the ONE system

December 2015						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February 2016						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

Oregon Health Authority

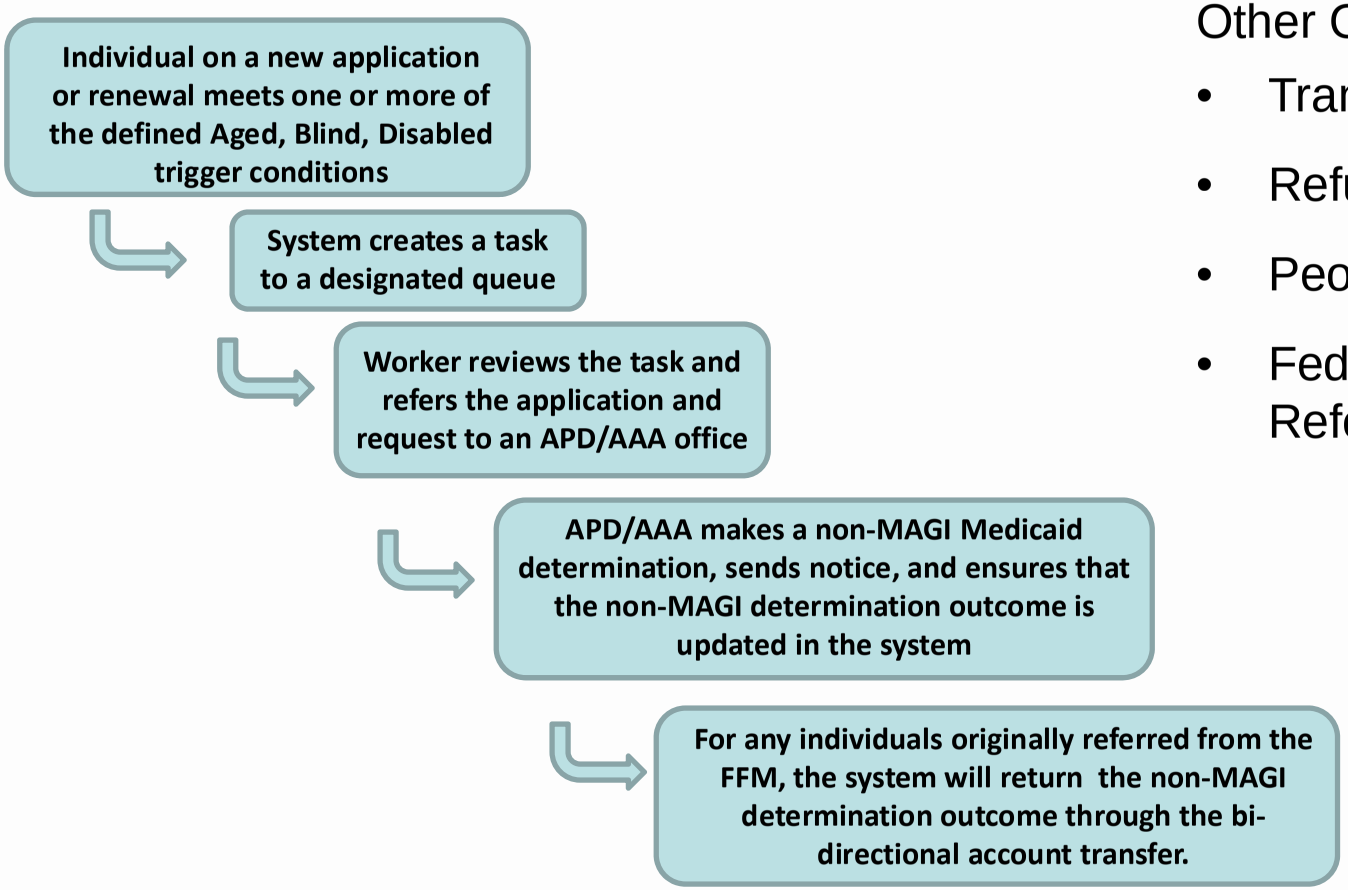
OregONeligibility Data Collection Screen Flow



Oregon Health Authority

Highest Impact Off-Ramp by Volume

Non-MAGI off-ramp for Aged, Blind, and Disabled



Other Off-Ramps Include:

- Transitional Medical
- Refugee Medical
- People Turning 65
- Federal Marketplace Referrals

Oregon Health Authority

What is the Non-MAGI Project?

- An on-line eligibility determination system for APD Medical programs

What the Non-MAGI Project is not:

- A replacement for Oregon Access
- A Case Management System

Project Time Frame:

- Planning through February 2016
- Implementation in 2018

Oregon Health Authority

Field Staff Will Be Involved in Non-MAGI Project

- Regular updates
- Feedback sessions
- User Testing
- Training

Oregon Health Authority

Frequently Asked Questions…

- **I work at a branch office that doesn't do medical anymore…will ONE impact my work?**
  - It will be a tool that lets you help your clients understand the status of their medical application
- **Where should I send clients that want to apply for medical prior to the customer portal going live in February?**
  - DHS workers should continue to use the current process
- **Will AAA's and other county government staff be able to use the ONE system in the December release?**
  - AAA and other county government staff will be able to access the system once they have completed necessary training

Oregon Health Authority

Frequently Asked Questions…

- **Will DHS staff be trained on the system? When and How?**
  - Yes, ONE Project staff are currently working with DHS leadership to plan how training will be rolled out to DHS staff

- **What's different about this Go-Live from other less positive ones?**
  - System works in Kentucky, minimal changes made for Oregon
  - Working six months ahead of implementation to do appropriate organizational change management work
  - Substantial training materials and documentation being developed

Oregon Health Authority

Frequently Asked Questions…

- **After a client applies, how long before I see their eligibility?**
  - If they have provided complete information, eligibility decision is made in real time
  - If not complete, DHS worker will be able to see status of application and what information is missing
- **Where do I send clients who are having a problem using the ONE system?**
  - OHA will establish a help desk for clients who have trouble with the ONE system. Stay tuned for more details as we get closer to the implementation date.
- **Will Child Welfare Staff use ONE for eligibility for their kids?**
  - No, CW eligibility will still be calculated in OR-KIDS

Oregon Health Authority

What do I do with my concerns?

- Talk to your supervisor and/or your district manager
- Email the project team: OHAOregon.Eligibility@dhsoha.state.or.us
- Participate in ongoing conversations
- Ask questions!

Other helpful reference info follows

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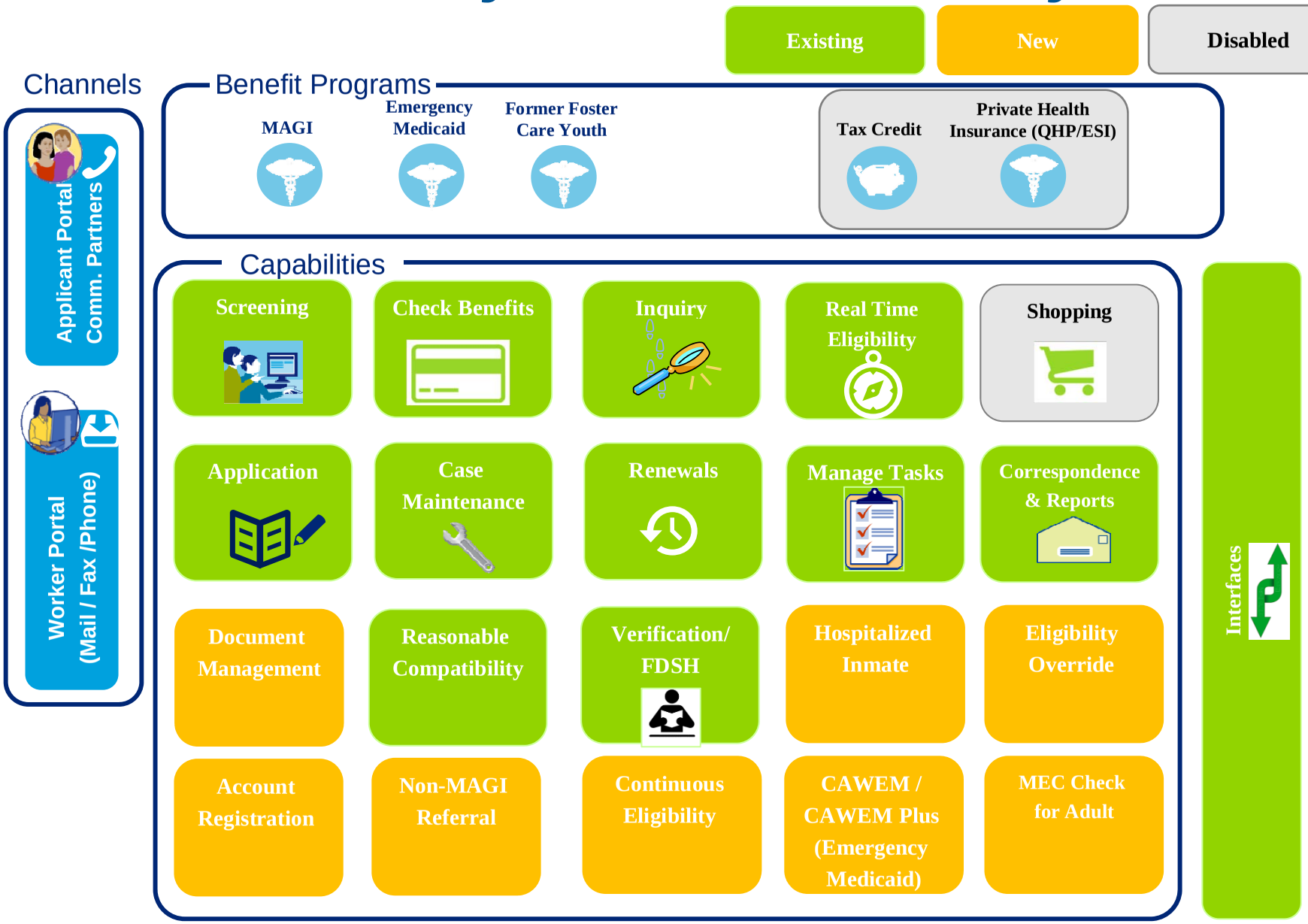
Eligibility Off-Ramps from OregONEligibility

System Off-Ramps	Description
Non-MAGI determinations for the aged, blind, disabled population	Individuals age 65+, blind, disabled, receiving SSI or Medicare, or requesting LTC services will be referred to an Aging & People with Disabilities office for a non-MAGI determination using the legacy system. Non-MAGI eligibility outcomes will be updated in the ONE system.
Non-MAGI review for Transitional Medical eligibility	When a new application or renewal is processed, the internal MEC check will recognize when current coverage exists and prompt a worker to review for Transitional Medical eligibility. If approved, Transitional Medical eligibility will be maintained in the legacy system.
Refugee Medical	If a new applicant is not eligible for MAGI but has met refugee immigration status for less than 8 months, the system will trigger a task for a worker to review for Refugee Medical eligibility. If approved, eligibility will be maintained in the legacy system.
MAGI adult turns 65 and/or begins receiving Medicare	Monthly triggers in the system will identify these individuals and prompt a worker to perform follow-up referral and coordination with an Aging & People with Disabilities office.
Healthcare.gov (FFM) referrals & responses	Oregonians ineligible for MAGI Medicaid/CHIP will be sent back to the FFM for determination of eligibility for private insurance and tax credits. Oregonians who may be eligible for Medicaid will be sent to OHA when they apply at the federal Healthcare.gov site, and OHA will respond back to the FFM with its eligibility decision.

Oregon Health Authority

OregonEligibility System Functionality



Frequently Asked Questions…

- **What is DHS's responsibility with the ONE system?**
  - Read Only Access will be granted to DHS workers to provide clients with status of application information
  - Some APD workers will have access to record Non-MAGI eligibility decisions in ONE system

- **Will the new system make it easier for me to research information a client reported on their application?**
  - Yes, DHS workers will be able to look up information provided by clients to determine medical eligibility

Oregon Health Authority

Frequently Asked Questions…

- **How will clients enroll with a coordinated care organization through ONE?**
  - After eligibility is determined, client has opportunity to choose a CCO from a list of CCOs available in their geographic area – that information is transmitted to MMIS as their preference

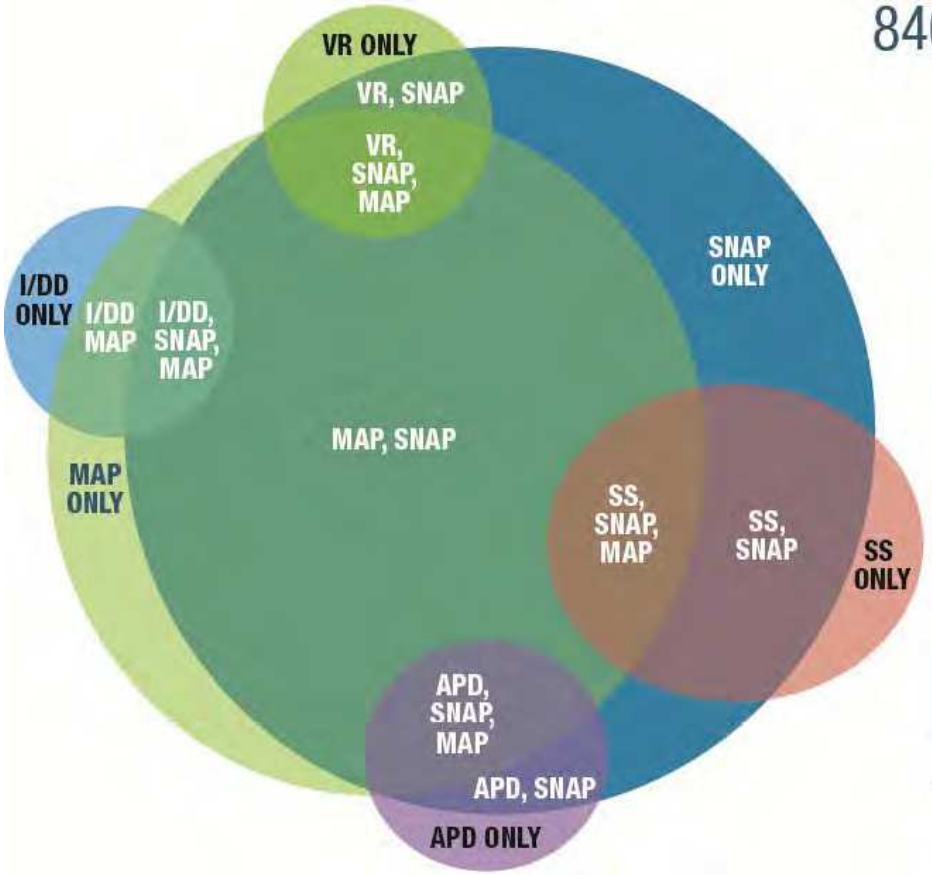
Oregon Health Authority

DHS Service Delivery Exactly What is Our Role?

Why We Do It

INTEGRITY
STEWARDSHIP
RESPONSIBILITY
RESPECT
PROFESSIONALISM
INNOVATION
SERVICE EQUITY
Safety, Health and Independence for all Oregonians

Who We Serve



840,675 Adults* Served by DHS|OHA in 2013

Participation by number of programs

- **48%** One program
- **32%** Two programs
- **15%** Three programs
- **4%** Four programs
- **1%** Five or more programs

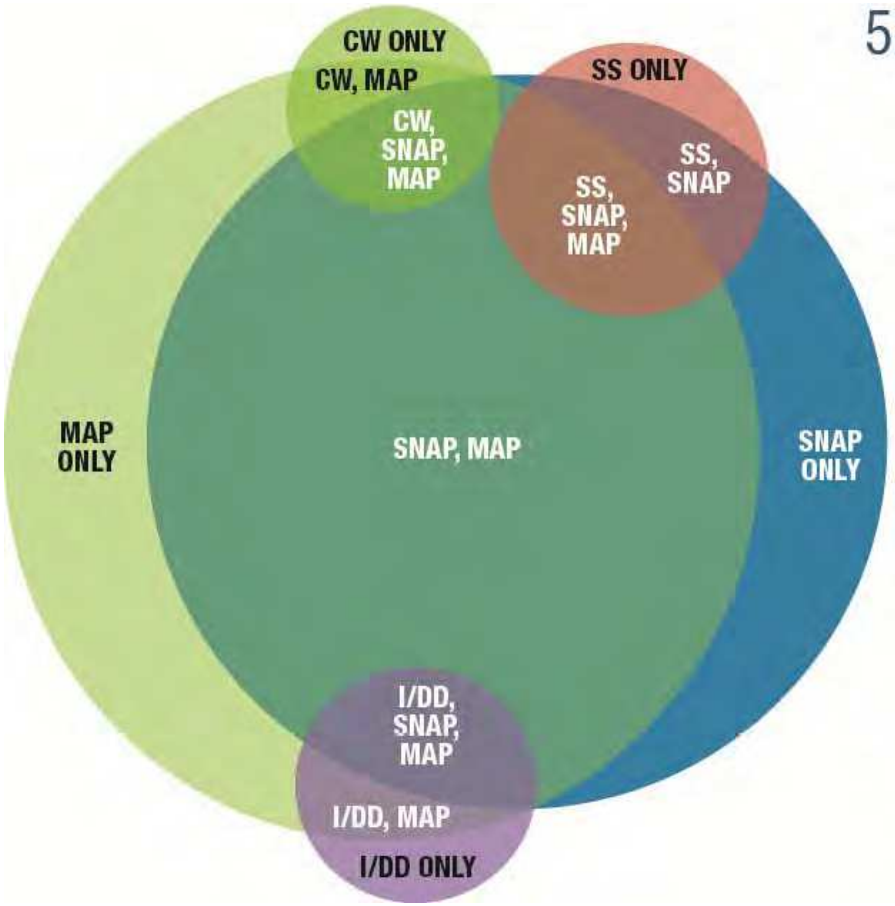
KEY

APD: Aging and People with Disabilities
I/DD: Intellectual/Developmental Disabilities
MAP: Medical Assistance Programs
SNAP: Supplemental Nutrition Assistance Program
SS: Self-Sufficiency Program
VR: Vocational Rehabilitation

* Adults = individuals 19 years and older

Source: OFRA, Integrated Client Services Data Warehouse
Print date: July 2014

Who We Serve



526,330 Youth* Served by DHS/OHA in 2013

Participation by number of programs

- **24%** One program
- **35%** Two programs
- **27%** Three programs
- **11%** Four programs
- **3%** Five or more programs

KEY

CW: Child Welfare
I/DD: Intellectual/Developmental Disabilities
MAP: Medical Assistance Programs
SNAP: Supplemental Nutrition Assistance Program
SS: Self-Sufficiency Program

* Youth = individuals 0-18 years

Source: OFRA, Integrated Client Services Data Warehouse
Print date: July 2014

DHS Medical Transition:
Supporting the Affordable Care Act

Oct. 2013

DHS implemented new processes to communicate medical DOR to OHP and report changes between DHS/AAA/OHP.

DHS stopped determining medical eligibility for OCCS medical programs. APD/AAA continued to determine eligibility for APD medical programs. Lobby computers were installed and updated to support the Cover Oregon application system.

Note: Prior to October 1, 2013, DHS staff determined initial and ongoing eligibility.

Jan. 2014

DHS becomes a medical referral agency; focusing on providing the best customer service (defined in DHS efforts document).

An exception was granted for SSP offices to assist customers who applied for medical, along with other DHS programs, using the Sept 2013 (pre-MAGI) policy to process medical determinations. SSP offices processed over 7,000 backlogged applications.

Oct. 2014

DHS communicated step by step guidance for field staff on how to best assist OHP applicants and recipients as they reapply or apply for medical assistance.

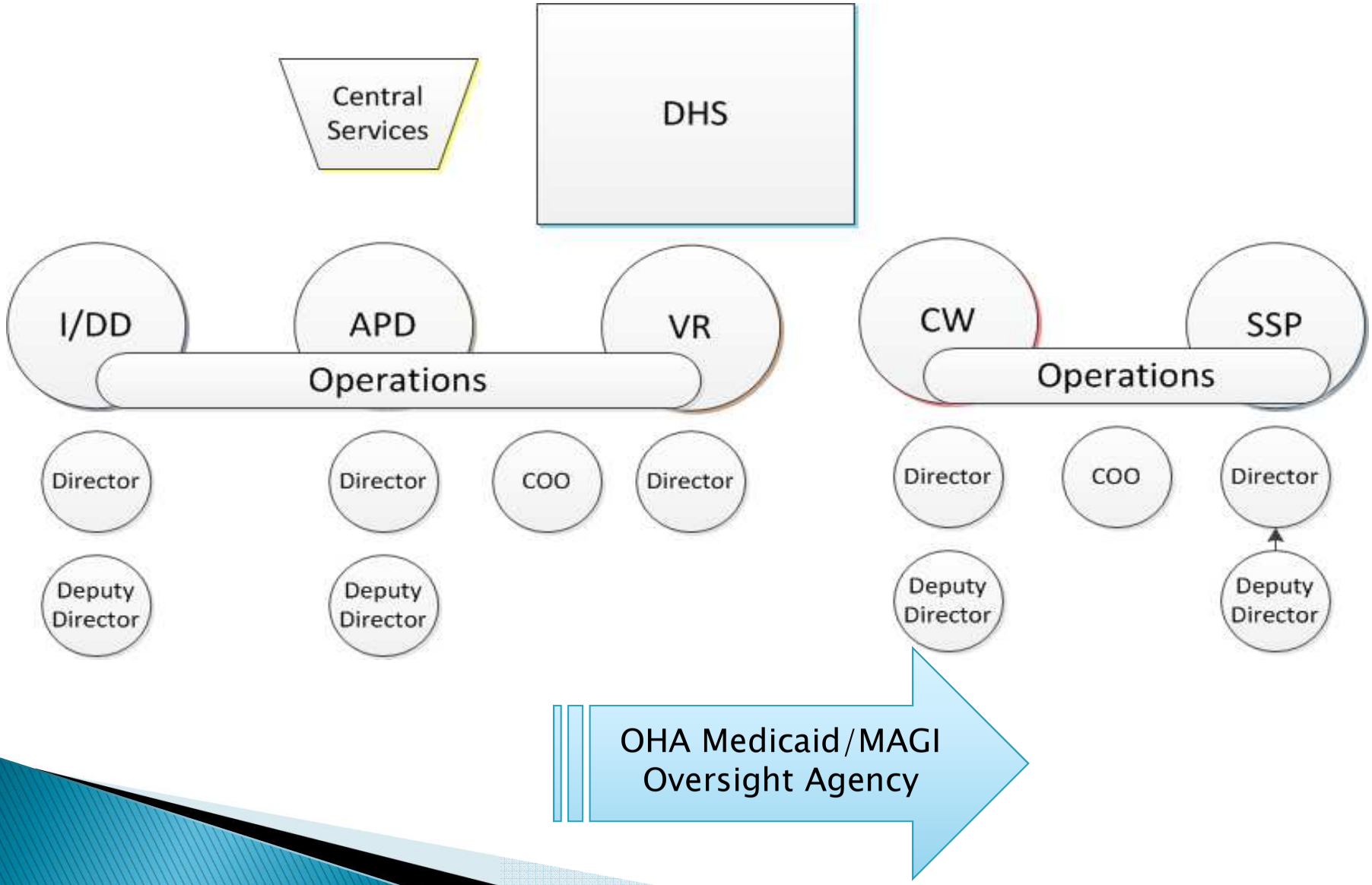
DHS/OHA communicated fast-track and expedited renewals were going to be mailed in the coming months. The mailings included 120,000 individuals who enrolled in OHP through fast-track option and about 340,000 households that were due to have their benefits renewed.

Jan. 2015

DHS/SSP updated lobby computers to support the medical application system changes and installed printers in field offices with a high volume of foot traffic for customers who wished to print medical application.

DHS informed field offices of the new FFM application and redetermination process.

Who Are We?


Central Services
DHS
I/DD
APD
VR
Operations
CW
SSP
Operations
Director
Director
COO
Director
Director
COO
Director
Deputy Director
Deputy Director
Deputy Director
Deputy Director
OHA Medicaid/MAGI Oversight Agency

Who Are We?

- OHA– Single Medicaid Agency
  Defined under 42 CFR 400.203 The single State agency administering or supervising the administration of a State Medicaid plan.

  Covered Entity – Either a health care provider, a health plan, or a health care clearing house as defined under HIPAA

- DHS– Business Associate of OHA

  Business Associate – A person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provide services to, a covered entity.

- **DHS Business Associate Activities**:
  - Medicaid (Non-MAGI) determinations
  - Medicaid Long-Term Care Services
    - APD/AAA
    - I/DD
    - Child Welfare
    - Vocational Rehabilitation

DHS- WHO ARE WE?

What is Our Role?

Our Role Is…

- DHS provides services to ensure:
  - Safety for Children
  - Safety for Adults
  - Support individuals in living as independent as possible
  - Improve Employment Outcomes
  - Non-MAGI Medical

Our Role Is…

- Partnering with families, individuals, stakeholders, and community members through engagement and empowerment to achieve safety and independence

How do we do this?

- We do this through honoring choice and dignity of individuals and families. We work with our communities and in our communities to provide resources.

What Resources are available?

- Residential Services
- Employment Services
- In-Home Services
- Supported Living Services
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Older American Act Services
- Temporary Assistance for Needy Families (TANF)
- Youth Transition Programs
- Employee Related Day Care
- Providing connection to OHA and the medical communtiy
- Etc.

Where is this done?

- Throughout Oregon in our DHS Offices. In our communities.

- We go to individual's homes, they come to our offices, we call individual's, we provide opportunities for individuals to be able to enter our system in a way that supports them in being successful with the goals of safety and independence.

What is your why?

In 2000, the citizens of Oregon voted to amend the State Constitution to create the Home Care Commission. The Commission is responsible for ensuring the high quality of homecare services for seniors and people with disabilities that are funded by the Department of Human Services. During the 2010 Legislative Special Session, House Bill 3618 was enrolled and became law.

The State Constitution charges the Commission with four major responsibilities:

1) To define the qualifications of homecare workers;
2) To create a statewide registry of homecare workers;
3) To provide training opportunities for homecare workers and consumers; and
4) To serve as the "employer of record" for purposes of collective bargaining for homecare workers who receive service payments that are from public funds.

As of January 1, 2011, the Commission became responsible for addressing the needs of persons with intellectual/developmental disabilities, mental illnesses, their family members, and personal support workers while fulfilling its mission.

As of July 1, 2011, under House Bill 3650, the Commission was directed to work with culturally diverse organizations and groups to recruit, train, and certify homecare workers who desire to become community health workers and personal health navigators.

On March 7, 2014, Senate Bill 1542 was signed that directed the Home Care Commission to establish and administer a program to allow private pay consumers to purchase homecare services from the Commission through its Registry.

The Commission facilitates the filing of workers' compensation claims for homecare workers and, as of January 1, 2011, personal support workers. SAIF Corporation is the workers' compensation insurance carrier.

676 Church Street NE, Salem, OR 97301 / 503-378-2733 / www.oregon.gov/DHS/spd/adv/hcc

The Commission has nine commissioners appointed by the Governor and confirmed by the Senate for up to three (three-year) terms. Five are consumers of homecare services. The other four represent the Department of Human Services, the Governor's Commission on Senior Services, the Oregon Disabilities Commission, and the Oregon Association of Area Agencies on Aging and Disabilities.

The Commission meets in Salem, Oregon on the first Thursday of the month at 10:00 a.m., and meetings are open to the public. Time is set aside during the meeting for public comments.

Cheryl Miller
Executive Director
503.378.2733
cheryl.m.miller@state.or.us

It's All about Choice

What is it?

Homecare Choice is a new program offered by the Oregon Home Care Commission for people paying privately for in-home services. Participants can interview and hire a caregiver from the Commission's statewide Registry and purchase in-home services through the Commission. Individuals have a choice of caregivers, services, and how and when those services are provided.

How does the Commission help?

The Commission maintains a Registry of caregivers, all of whom have passed thorough background checks and have access to over 25 free training offered by the Commission. The Commission pays caregivers on the participant's behalf, withholds and reports payroll taxes, and provides workers' compensation coverage.

What services are available?

Caregivers can assist with a variety of services such as household tasks, personal care, companionship, transportation, medication reminding, running errands, and pet care.

How does a participant enroll in the program?

To enroll in the program (or to make a referral), please call our toll-free number at **1-844-494-4227** to speak with the Homecare Choice Specialist or send an email to **homecare.choice@state.or.us**

SNAP ACCURACY HOT TOPICS – JULY 2015

Income

Issue	Prevention strategies
Client caused errors have increased due to customers not making reports when their income exceeds the countable income limit (130% of the Federal Poverty Limit)	During interview take time to explain the reporting requirements and the consequences of not reporting the information timely. **Note:** It is important to give customers the DHS 853 SRS Report form and the DHS 854 which explains the SRS reporting system
Treatment of income from an S-Corporation	During the interview review with the customer any personal expenses that are being paid by the corporation as well as the monthly wages or salary that are paid. Taxes can provide some of this information. Reference: Desk tools on the SNAP page "How to Read a Tax Form" Counting Client Assets B. 15 Corporations and Business Entities and section C on Self-employment
Customers on disability from work should have disability income that is employer sponsored coded as earned income (EML) to allow the earned income deduction	During the interview review with the customer if they are still employed. As long as they are still an employee the income needs to be coded as EML. Reference: Counting Client Assets B. 16 Disability Benefit
Earned income for a child that turns 18 is countable income	During the interview discuss any children that are 18 or will be turning 18 during the certification period. Ensure that the customer knows this income counts on the SNAP case, and not reporting this could result in an overpayment. Reference: Counting Client Assets B. 22 Earned income; treatment

Deductions

Full utility Allowance (FUA) is only allowed for households that pay for heating cost separate from their rent or for customers that have been given LIHEAP funds	During the interview make sure to address with the customer that they have an actual cost for heating that is being paid separately. Occasionally the heating cost is included with the cost of the rent, and unless it can be separated out FUA is not allowed. There is a special program that can distribute LIHEAP funds to households based on special criteria. These households will receive a $21 payment on their EBT card and a special household type of LHP will be added to the case Reference: SNAP G. Financial Eligibility 24. Shelter deduction; utilities
Shelter deduction is only allowed for the customers portion of the shelter cost when there is a shared shelter situation	During the interview ask questions about how the shelter cost is paid, does anyone help with the cost. Reference: SNAP G. Financial Eligibility 23. Shelter deductions; housing

Students

Students who are awarded work study must also be working a work study position in the current term to meet student criteria	During the interview ask questions about what the position is and what date they will be starting the position. Verification of the position is not required because the income is not countable, but to verify there is a position ask questions and then document in your narration. Reference: SNAP E. Nonfinancial Eligibility 3. Students of Higher Education

The Best Place to Check for TPL is the TPL Panel.

NOT the Recipient Panel

ormmis\OR0001
Thursday, August 06,

ged Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS Site EDMS Help

n related data add recipient buyin edb search case search other ids search service usage tbq search tbq information

ent ID Case ID search clear

ID	[redacted]	Name	[redacted]	Active	Active
		Prev Name		Linked ID	
ID		Address		Benefit Plan	BMH 01/12/2015 - 12/31/2299
SN		Address 2		Medicare Coverage	
				TBQ Record	MISMATCH
er	FEMALE	Address 3		Managed Care	DCO 06/08/2015 - 12/31/2299
te	12/19/1990	City		TPL	Yes
te		State		TPL Good Cause	0 NO TPL
ge	24	Zip		Lockin	
ce	U	Phone		Level of Care	
ce		Phone Extension		Patient Liability	
ty	01 Hispanic	Phone Type	Home	Medicare Buy-in	
en	U	Add Phone		Case/Certification	KW10426AFS A P4 5503 01/27/2015
ge	ENG	Add Phone Type	No Phone	Pregnancy Due Date	
ge	ENG	Email		Renewal Date	
er	No	Accept Legal Notices Electronically	No	Medical Case Management	No
ge	UND	County	059 - Umatilla	Disease Case Management	No
ID	P4	County Office ID	C	Print Format	NOT APPLICABLE
ID	5503	No Fixed Address	No	Premium Arrearage	No
ss	No	Alternate Contact Name		NF/Hospice Restrict	No
ne		Living Arrangement	XX	Blind	No
or	No	Priority Notes	No Notes	Institutionalized	No
				Tobacco User	No

InterChange Government Health Portfolio
ormmis\OR0001227
Thursday, August 06, 2015

Home Claims Financial Managed Care MAR POC Prior Authorization Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search information ar search case tracking hipp case related data reports tpl letters 271 response

Next Search By: Current ID search clear

TPL Information

Current ID	[redacted]	Policy Number	804088450	Carrier Number	K646
Recipient Name		Policyholder Name	[redacted]	Carrier Name	CIGNA
Recipient SSN		Policyholder SSN	[redacted]	Min Effective Date	08/01/2013
Sex		Policy Type	1	Max End Date	12/31/2299
Date of Birth		Absent Parent		Cost Avoidance Date	07/20/2015
Verification Date	07/20/2015	Date of Death		Support Enforcement	
Case	KW10426AFS				

TPL Maintenance Select TPL area to add or modify below. Prefs Top Bot

TPL

Absent Parent | Additional Policies | Base Information
Chronological Note | Coverage | Dependents of Policy
Policy Letter | Policy Letter History

save cancel new

NOTICE: This information may be sensitive and/or private, thus subject to HIPAA privacy and security regulations. This information is not to be shared or distributed to persons without a right or business need to know.
2005 Electronic Data Systems Corporation. All rights reserved.

Health Insurance Group HIG

NEW! Internet Based Web Form
To Report Third Party Insurance

July 2015

Why did HIG move to an internet based TPL reporting tool?

- Paper forms are labor intensive for everyone.
- In the past, forms were handwritten or typed and then attached to an email or faxed.
  - *Note: Effective 3/31/15 HIG does not have fax capability.*
- Not enough key information was sent to HIG on paper forms to verify the insurance.
- HIG needed a more effective process to track and process referrals.

Value of the Web Form

- Easy to access, easy to complete.
- Uses drop down menus and radio buttons to answer many of the questions.
- Some fields are mandatory so HIG receives information they must have to verify the TPL.
- Submitter gets summary page of what they submit which can be saved on their computer or printed.
- Submitter gets an email and confirmation number for tracking and to let them know the form was received.
- HIG can easily locate the notification/referral.
- Helps HIG process more quickly.

Where to find the web form

OREGON.GOV

TEXT SIZE: A+ A- A • TEXT ONLY TRANSLATE Google™ Custom Search Find

Oregon Health Plan

Oregon Health Authority

OHP Clients
- Access to Care
- Apply for OHP
- OHP Benefits
- Renew your OHP
- Coordinated Care

OHP Providers
- Electronic Data Interchange
- Prioritized List
- Tools for Health Plans
- Tools for Providers

Oregon Health Plan
- About Us
- Contact Us
- Data and Reports
- Forms
- Oregon Health Plan in 2014
- Policymakers/Stakeholders
- Public Notices/Meetings

OHP Policies

Tools for Staff

Oregon Health Authority

Report Private (Third Party) Health Insurance to DHS/OHA

Oregon medical assistance clients, providers and DHS/OHA staff can now report private health insurance changes online.

- Please read this page before using our online form.
- You will need a current internet browser (such as Chrome, Mozilla Firefox, or Internet Explorer 8 or higher).

Who needs to report?

The following need to report any health coverage, or health coverage changes, that have not already been reported to DHS/OHA:

- Anyone who gets Oregon medical assistance (see 42 CFR 433.138). This includes Oregon Health Plan (Medicaid/CHIP) and non-OHP programs such as Citizen-Alien Waived Emergency Medical (CAWEM) and the Breast and Cervical Cancer Treatment Program (BCCTP); and
- Providers and coordinated care organizations who serve Oregon medical assistance clients.

What kind of health insurance needs to be reported?

For anyone covered by Oregon medical assistance, you need to report insurance that:

- Is through a job *(employer-sponsored health insurance)*
- Was purchased from an insurance company *(commercial health insurance)*, including Medicare Supplements
- Is student insurance
- Is provided by someone who does not live in the same household as the medical assistance client

Please **do not** report:

- Medicare A, B, C, D or Medicare Advantage (Replacement) policy information
- Car insurance
- Homeowner's insurance

What will DHS/OHA do with this information?

If you have current coverage, DHS/OHA will only use this information to make sure that your insurance company pays for services you get from your health care providers.

Enter Health Insurance Now

Click the blue box to launch the web form

We have an EASY URL to remember – www.reportTPL.org

You can also go to: http://www.oregon.gov/OHA/healthplan/pages/tpl.aspx

You are in the web form!
Click "Start" to enter the TPL

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

Notification of Other Health Insurance

You will need a current internet browser (such as Chrome, Mozilla Firefox, or Internet Explorer 8 or higher).

This electronic form is intended to be used to report employer-sponsored or commercial health insurance information.

This is not an error message, it is a reminder you need to use a current browser.

Documents that may be helpful to complete this form

- Insurance cards for all policies reported
- Digital copy of last two pay stubs or last billing statement if applying for Premium Reimbursement (HIPP) program
- Oregon Medical Care Identification – card issued to individuals receiving Oregon Medical Program health benefits

Start

IMPORTANT: **Do not send Rush Requests on the web form**. Urgent requests are processed differently. If a client has been denied medication or urgent treatment due to incorrect information in MMIS please send an email to HIG requesting "Rush meds" or "Rush urgent care" in the subject line. Send email to Referrals TPR (in Outlook) or tpr.referrals@state.or.us (outside of Outlook)

Enter the TPL

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

▶ Contact Info · Insurance Status · Policy Information · Premium Assistance · Review · Confirmation

Step 1: Enter Your Contact Information

Contact Information

I am a: Coordinated Care Organization (CCO)

First Name | Last Name

Business Name

Phone Number | Email Address

Continue | Previous

I am a: Choose one

- Choose one
- Medicaid Applicant or existing recipient
- DHS/OHA Staff
- Representative/Assistor for client
- Medicaid Provider
- Coordinated Care Organization (CCO)
- Other

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

Office of Payment Accuracy and Recovery PO Box 14023, Salem OR 97309

Drop down menu asks if you are a Medicaid applicant, CCO, Provider, DHS/OHA worker, Assistor or Other.

Business name only appears when CCO, Provider or Other is selected.

Note: as you go through the form, fields that are mandatory will highlight in red if left blank. You will need to complete them before you can go to the next step.

Enter Policies in the Dashboard

Click to add each policy.

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

Contact Info • ▶ Policy Information • Premium Assistance • Review • Confirmation

Step 2: Enter Your Policy Information

Add Policy

Saved Policies

Insurance Company	Policy ID Number	Group Number	Type of Policy

Continue ▸ Previous

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

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Note: If an individual has one policy that has ended and another policy that is new, you will enter each policy separately into the dashboard. It doesn't matter which one is entered first.

Step 2 - Enter the Policy Information

Drop down menu shows the top 10 carriers in Oregon.

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Insurance Reporting Application

Step 2: Enter Information for Policy #1

Policy Information

Insurance Company Name:

Choose one

- Choose one
- Aetna
- Blue Cross Blue Shield of Oregon
- Cigna
- Health Net
- Kaiser Permanente
- Lifewise
- MODA/ODS
- Pacific Source
- Providence
- UHC - United Health Care
- Other

City | OR | 55555-5555

Policy ID Number

Please enter the full policy number (include letters and numbers). If Kaiser Permanente, enter the Health Record number.

Group Number

Please enter all letters and numbers shown on the card.

Note: If the insurance is not on the drop down list, choose "other" and a box will appear to enter the name of the insurance. Please include the phone number for the insurance company (space is hidden behind open drop down menu in this slide).

Enter the Source, Status and Policy Type

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Insurance Reporting Application

What is the source of the insurance?

- Insurance is from an employer
- Insurance is paid for privately
- Insurance is provided by an absent parent
- Other

What is the status of the insurance policy?

- Active
- Terminated

Policy Expiration Date

mm/dd/yyyy

Check all policy types that apply

- Medical
- Dental
- Pharmacy
- Medicare supplement
- Other
- Vision
- Cobra
- Accident Only
- Student Policy

Note: For terminated policies, you do not need the exact date. Give your best estimation.

Enter the Policy Holder Information

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Insurance Reporting Application

Policyholder and Dependants

Policyholder's First Name

Policyholder's Last Name

*The policyholder is the **owner** of the insurance.*

Social Security Number

••••••••••••

Show Characters

Why do we need this?

Date of Birth

••••••••••

Show Characters

Note: This section is mandatory. HIG needs this information to verify the TPL. Please try to obtain this information. For information about why we ask for social security numbers, click the blue question mark under the social security field.

TIP: SSN's and date of birth do not show for security reasons. If you want to see them, click in the "Show Characters" box.

DV and Good Cause and how to add dependents

Click to add people covered by policy and a pop up box will appear

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Insurance Reporting Application

Applicant or Client's Name | Date of Birth | OR Medical ID | Edit | Delete

+ Add Another Person

Additional Questions

Are there any safety concerns for anyone who is covered by this insurance that prevents you/them from using it?

- Yes
- No
- Don't know

Please describe in 50 words or less.

Are there any other reasons other than safety concerns that would prevent you from using this insurance?

- Yes
- No
- Don't know

Please describe in 50 words or less.

Add a Person

First Name

Last Name

Date of Birth

mm/dd/yyyy

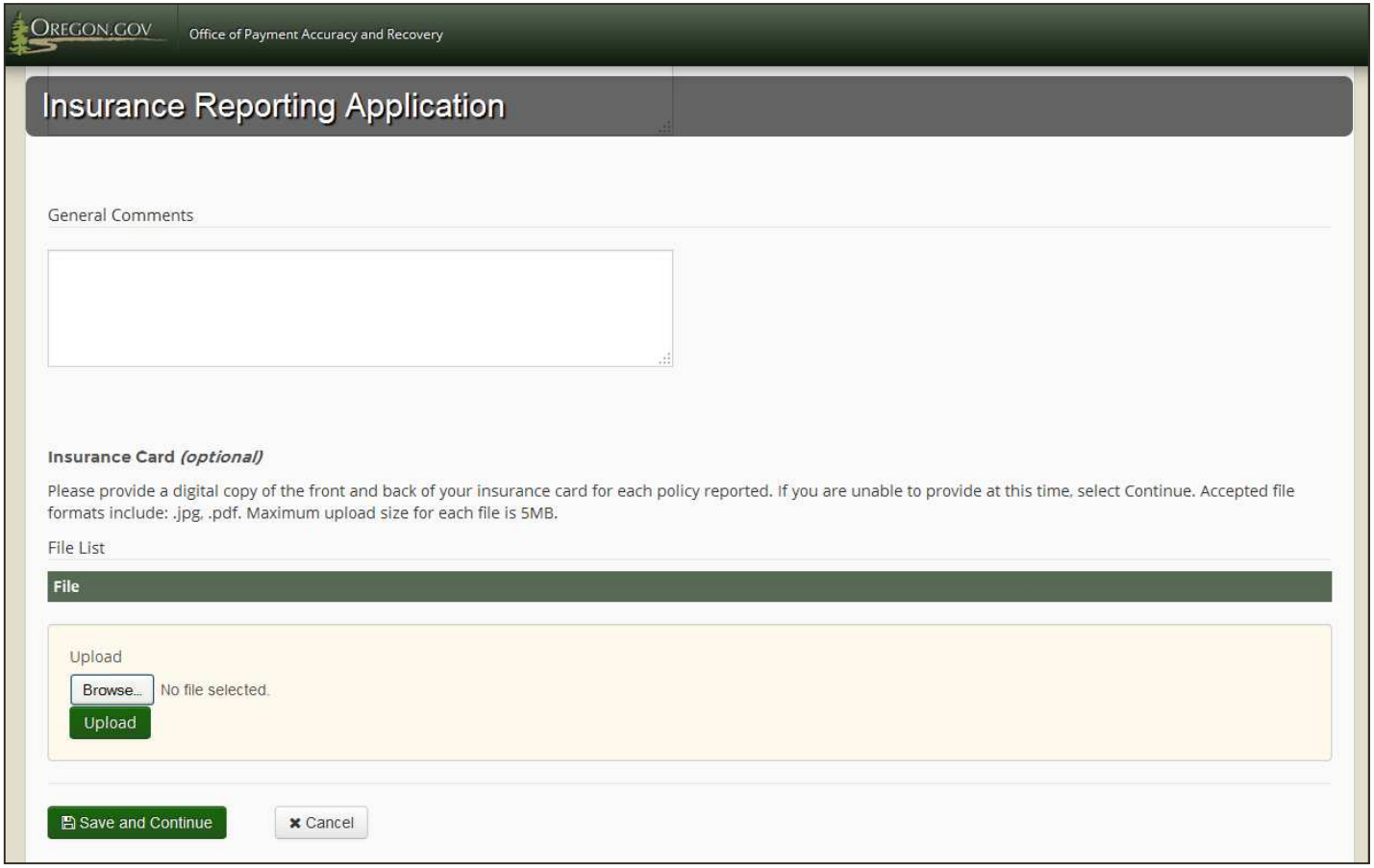
OR Medical ID#

Save | Cancel

TIP: If there is more than one person on this policy, click "Add another person" button to add each additional person. OR Medical ID# means "Recipient ID #" or "Prime #".

Note: If you are not sure about safety issues or other concerns to pursue TPL, select "Don't know".

General Comments and Document Upload



We provided a space for any general comments that you want to provide. It will accept up to 250 characters.

TIP: If you have copies of the insurance cards, you can attach them.

TIP: If you can't "Save and Continue", scroll the page. This usually means a mandatory field has been left blank.

You are returned to the Dashboard after entering each policy

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Insurance Reporting Application

Contact Info • ▶ Policy Information • Premium Assistance • Review • Confirmation

Step 2: Enter Your Policy Information

Add Policy

Saved Policies

Insurance Company	Policy ID Number	Group Number	Type of Policy
Aetna	ABC123		Medical,

Continue ▸ Previous

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

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Note: The policy you entered shows. You can make any corrections by clicking the pencil. If you have another policy to enter for the same person click the add policy button again. **Do not add additional policies for unrelated cases/people.**

The State may be able to help policyholders pay for their insurance
Enter HIPP information here

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Insurance Reporting Application

Contact Info • Policy Information • ▶ Premium Assistance • Review • Confirmation

Step 3: Premium Payment Assistance

In some cases, the state's Health Insurance Premium Payment (HIPP) program may reimburse people who pay for employer-sponsored or private major medical health insurance if it is cost effective for the state.

HIPP is not available for non-major medical policy types such as dental and vision

Does the policyholder pay for all or part of your private or employer-sponsored medical health insurance premium?

- Yes
- No
- Don't know

Continue ▸ Previous

Questions about:
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TIP: The form was designed for clients, providers, CCO's and workers. If you don't know the answer to the HIPP question, select "Don't know". If you select "Yes", a new set of questions will open about the premiums. (Shown on next slide. They only open if "Yes" is selected.)
Note: HIG only reimburses HIPP for physical health major medical policies. Please don't request HIPP for dental or other policy types that are not major medical.

Tell us about cost and medical need

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Step 3: Premium Payment Assistance

Insurance Reporting Application

(HIPP) program may reimburse people who pay for employer-sponsored or private major medical health insurance if it is cost effective for the state.

Contact Info · Policy Information · ▶ Premium Assistance · Review · Confirmation

HIPP is not available for non-major medical policy types such as dental and vision

Does the policyholder pay for all or part of your private or employer-sponsored medical health insurance premium?

- Yes
- No
- Don't know

Qualifying for HIPP *(optional)*

If you are interested to see if you qualify for HIPP, please complete the area below. If there is no cost for the insurance or if you are not interested in premium reimbursement you can skip this section by selecting Continue.

How much do you pay monthly for your insurance?

$ 0.0

How often is the payment made?

Choose one

Is anyone covered by the insurance pregnant or have a serious medical condition? If yes, what is the condition:

Note: If someone has a serious medical condition it can sometimes help us approve HIPP, but a medical condition is not required.

Enter Employer Information

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condition.

Insurance Reporting Application

Contact Info · Policy Information · ▶ Premium Assistance · Review · Confirmation

Is the insurance court ordered?

- ○ Yes
- ○ No
- ◉ Don't know

If the insurance is through an employer, please provide the employer's name and contact information.

Employer Name

Employer Phone Number

555-555-5555

Pay Stub Upload *(optional)*

To complete the application for HIPP, please provide one of the following:

- If the insurance is deducted from a paycheck, provide a copy of the last two check stubs showing the

Upload check stubs - Optional

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Insurance Reporting Application

Contact Info · Policy Information · ▶ Premium Assistance · Review · Confirmation

Pay Stub Upload *(optional)*

To complete the application for HIPP, please provide one of the following:

- If the insurance is deducted from a paycheck, provide a copy of the last two check stubs showing the insurance deduction.
- If the insurance is paid directly to the insurance company, provide a copy of the most recent billing statement.

Accepted file formats include: .jpg, .pdf. Maximum upload size for each file is 5MB

File List

File

Upload

Browse... No file selected.

Upload

Continue ▸ Previous

Note: If you have the ability to upload check stubs it can expedite the determination process. It's ok if you don't. We will contact the policyholder or client for more information

You are almost finished!

Review the information you submitted to be sure it's accurate. You can make changes by clicking the pencil in the blue box.

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

Contact Info · Policy Information · Premium Assistance · ▶ Review · Confirmation

Step 4: Review

Policy # 1

Insurance Information	Aetna Phone: (555) 555-5555
Policy Information	Policy ID Number: ABC123 Group Number: Insurance Source: Insurance is from an employer Insurance Policy Status: Active Policy Type(s): Medical,
Policy Holder Information	Name: TEST TEST Social Security Number: ******5555 Date of Birth: **/**/****
Other People Covered	Name: First born Child, Date of Birth: **/**/****, OR MedicalID#
Are there any safety concerns for anyone who is covered by this insurance that prevents you/them from using it?	No,
Are there any other reasons other than safety concerns that would prevent you from using this insurance?	No,
General Comments	
Insurance Card Attachments	

Premium Payment Assistance

Does the policyholder pay for all or part of your private or employer-sponsored health insurance premium?	No

☑ By selecting "Submit" you are authorizing OHA and DHS to verify, with the insurance carrier, the information included in this submission and if you are the policyholder you are authorizing the insurance carrier to release policy benefit information to OHA and DHS.

Submit ▸ Previous

If everything is correct, check the "By Submitting" box and then click "Submit". You will receive an email with a confirmation number that can be used to track your submission.

Congratulations! You just submitted an electronic referral

OREGON.GOV Office of Payment Accuracy and Recovery

Insurance Reporting Application

Contact Info · Policy Information · Premium Assistance · Review · ▶ Confirmation

Step 5: Confirmation

Thank you, your **Notification of Other Health Insurance** has been successfully submitted.

- Your confirmation number is: **OPAR318**
- An email receipt has been sent to the email address provided.
- You can also print or save this receipt for your records. To save, change the Printer "Name" in the drop down menu of the print window to "Adobe PDF" or PDF Creator". Click OK and then save the record to the file of your choice.
- Form submitted on 3/30/2015 4:51:05 PM PST

Print This Page

Done

Questions about:
Medical Programs or Applications - Call 1-800-699-9075
Coordinated Care Organizations - contact the CCO list on your medical ID card
Completing this form, Premium Reimbursement (HIPP) or reporting third party insurance - Call 1-855-999-6273

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You will get an email confirmation that you successfully submitted.

orsupport@egov.com
Notification of Other Health Insurance
Your Notification of Other Health Insurance has been successfully submitted.

Click "Print This Page" if you'd like to print or save a copy of your submission.
When you click "Done" you will be returned to www.oregon.gov

Summary Page

Review
Policy # 1

Insurance Information	Other
Policy Information	Phone: (555) 555-5555 Policy ID Number: ABC123 Group Number: Policy Type(s): Medical,
Policy Holder Information	Name: TEST TEST Social Security Number: *****5555 Date of Birth: **/**/****
Other People Covered	Name: First born Child, Date of Birth: **/**/****, OR MedicalID#
Are there any safety concerns for anyone who is covered by this insurance that prevents you/them from using it?	Don't know,
Are there any other reasons other than safety concerns that would prevent you from using this insurance?	Don't know,
Insurance Card Attachments	
Premium Payment Assistance	
Does the policyholder pay for all or part of your private or employer-sponsored health insurance premium?	Don't know

Confirmation

Thank you, your **Notification of Other Health Insurance** has been successfully submitted.

- Your confirmation number is **OPAR1699**
- An email receipt has been sent to the email address provided.
- You can also print or save this receipt for your records. To save, change the Printer "Name" in the drop down menu of the print window to "Adobe PDF" or PDF Creator". Click OK and then save the record to the file of your choice.
- Form submitted on 2/25/2015 10:47:38 AM PST

Print

Printer
Name: Adobe PDF — Properties...
Status: Ready
Type: Adobe PDF Converter
Where: My Documents*.pdf
Comment:
Print to file

Print range
All
Pages from: 1 to: 1
Selection

Copies
Number of copies: 1
Collate

OK Cancel

The summary page shows your confirmation number and the other information you have entered.

TIP: You can print the summary page or save it for your records. To "save" select the PDF option in the Print screen.

Best Practices

- Federal regulations require that the state collect TPL information at initial application and at recertification. (42 CFR § 433.138)
- DHS/OHA staff who become aware of TPL are asked to use the new web form at www.reportTPL.org
- The confirmation email and summaries can be saved to the client record for tracking and program integrity purposes.
- Narrate if you instruct the client to complete the form online.
- Watch for potential safety concerns due to domestic violence. If needed workers can ask HIG to add "Good Cause" to the TPL record.
- Be aware of clients who are employed and have TPL. They may be eligible for premium reimbursement through the HIPP (Health Insurance Premium Payment) program. You can instruct clients to go to the web form to apply for HIPP.

Trouble shooting

- Functionality problem – You must use a current browser such as Internet Explorer 9 or higher, Firefox and Chrome. There will be issues if using older versions of Internet Explore.

- Can't move to the next step – This occurs when a mandatory field has been skipped. If you can't go to the next step (page) scroll the page to find the area left blank. It will be highlighted in red. Once all fields are completed, you can to move to the next step.

- Documents won't upload – Be sure you are trying to attach the right file versions. If you are using the right file type and it still won't load, either wait and try to submit at a later time or submit the form without the file upload.

- If you don't have all of the information required – Please try to get it from the policyholder or client. Clients are required to provide this information. If you have tried and cannot get it please contact the case worker for assistance.

Who to call

***To check on the status of TPL – contact HIG**

Email: OHA/DHS staff: REFERRALS,TPR (In Outlook)
All others: tpr.referrals@state.or.us
Phone: 503 378-6233 (Internal for staff)

*** Questions about the web form (functionality or system issues)**
Contact Carolyn Thiebes, Office of Payment Accuracy and Recovery
Email: carolyn.thiebes@state.or.us
Phone: 503 378-3507

HEALTH INSURANCE GROUP

Third Party Liability—TPL Quick Reference Guide

REFERRAL PROCESS

NEW! HIG has automated the TPL Notification process. "Non-urgent" TPL notifications should now be reported online at www.reporttpl.org See instructions below for **"rush"** requests.

You should always notify HIG:

- When there is new TPL
- When the TPL policy changes
- When TPL ends
- At recertification if it has been more than 12 months since TPL was last verified.

TPL must be reported and verified, even if a client says their TPL ended. Exemptions are not removed until HIG has verified the date the TPL ended.

Do not report the same change more than one time. If you received a confirmation number online or an auto reply email your notification was successfully submitted.

RUSH PROCESSING FOR EMERGENCIES

- Rush processing should only be requested if the TPL information in MMIS is incorrect and a client has been denied medications or emergency treatment. Please check MMIS before contacting HIG.
- To request "rush" processing email a completed MSC415H to TPR REFERRALS (in Outlook) or tpr.referrals@state.or.us (outside of Outlook) - Do not use the web form for a rush request.
- Requests related to billing or enrollment do not meet Rush Processing criteria.
- Write "Rush-Meds" or "Rush-denied urgent treatment" in the subject line of the email. (If the subject line does not include this, your request may be delayed).

EXEMPTIONS

- When "active" TPL is reported, TPL exemptions are added to CCOA, CCOB, FCHP and PCO plan types to prevent auto enrollment.
- Exemptions are not removed until HIG verifies the end date with the insurance company.

GOOD CAUSE– DOMESTIC VIOLENCE (DV)

Notify HIG immediately if the TPL should not be pursued due to safety concerns with the policy holder or if the client cannot access their TPL where they live. You can report DV or access to care at reportTPL.org
Note: Clients with DV/good cause cannot be enrolled into a CCO.

CONTACT HIG

Phone: 503 378-6233 — **Internal number for state staff only**
Email: tpr.referrals@state.or.us or REFERRALS TPR (in Outlook)
Mailing address: PO Box 14023, Salem, Oregon 97309

Health Insurance Premium Payment questions: reimbursements.hipp@state.or.us

Online web form: Use this to report non-urgent TPL or to apply for HIPP: www.reportTPL.org