

Action Request Transmittal

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Numbers: OMAP-AR-05-001

Authorized Signature

Issue Date: 3/24/2005

Topic: Medical Benefits

Due Date: 3/25/2005

Subject: Temporary Medical Care Identification (OMAP 1086) Revised

Applies to (check all that apply):

Persons on the SPD, CAF, OMHAS and OMAP transmittal lists

Action Required:

We are sending each field office 50 revised Temporary Medical Care Identification forms (revised 1/05). When your office receives them, be sure to:

- Recycle all Temporary Medical Care Identification forms revised 11/99, and use the 1/05 revisions in their place.
- Only use the OMAP 1086 form for immediate medical needs, when the MID1 screen is not available.
- Issue a replacement Medical Care Identification card using the ELGH screen as soon as possible after completing the OMAP 1086.

Reason for Action:

The Office of Medical Assistance Programs has revised the Temporary Medical Care Identification (OMAP 1086) form to reflect current benefit package and copay information. Examples of how to complete the form for various benefit packages follow.

Field/Stakeholder review: Yes

If you have any questions about this information, contact:

CAF Program Analysts: Michael Avery, 503-945-6072; Joyce Clarkson, 503-945-6106; Michelle Marks, 503-947-5129. Fax: 503-373-7032.

SPD Program Analysts: Dale Marande, 503-945-6476; Jennifer DeJong, 503-945-5856

Temporary Medical Care Identification (OMAP 1086) Samples

Example 1 (see next page)

John Doe is an adult on the OHP Standard benefit package.

- Field 6 after John's name, Copay Req, spells out "NO COPAYS," since OHP Standard clients do not have to make copayments.
- Field 7, Managed Care/TPR, shows an "A." Box "A" in Field 2 at the top of the page names the OMAP Medical Plan that John is enrolled in. Because there are no other letters in Field 7, John knows that he is not enrolled in any other managed care plans.
- Field 8, Benefit Package, shows a "B." The Benefit Package matrix in the middle of the page explains that "B" means OHP Standard.

Joan Doe is an adult on the OHP Plus benefit package.

- Field 6 shows "AB." The Copay Requirements matrix in the middle of the page tells Joan how much she will pay for outpatient services and prescription drugs.
- Field 7 has the letters "ABC" in it. This shows that Joan is enrolled in an OMAP Medical Plan (Field 2, "A"), OMAP Dental Plan (Field 2, "B"), and OMAP Mental Health Plan (Field 2, "C").
- Field 8 shows an "A," which means that Joan receives OHP Plus benefits.

Janie Doe is a child on the OHP Plus benefit package.

- Field 6 shows "NO COPAYS," since children and pregnant women are not required to make copayments.
- Field 7 has the letters "BCDE" in it. This shows that Janie is enrolled in an OMAP Dental Plan (Field 2, "B"), and OMAP Mental Health Plan (Field 2, "C"), as well as having private medical insurance (Field 2, "D") and private vision insurance (Field 2, "E").
- Field 8 shows an "A," which means that Janie receives OHP Plus benefits.

OMAP Temporary Medical Care Identification (ID)

You must carry this form with you at all times. ■ Show this ID to all providers at the time of service, even if you have a Managed Care Plan card.
■ Not valid outside the United States or US Territories.

1 THIS IDENTIFICATION IS VALID FOR SERVICES PROVIDED
FROM 02/14/05 THRU 02/21/05

Provider:

The persons named below are eligible to receive medical assistance through the Department of Human Services. All insurance and other medical resources must be billed prior to billing the Office of Medical Assistance Programs (OMAP). Some services must be prior authorized. If in doubt about services covered, prior authorization or other policy, please refer to the OMAP General Rules and provider guidelines or call the branch office listed below.

Important Note:

To insure prompt payment processing, please delay submission of claims on these clients for two weeks following date of services so that eligibility can be recorded on the computer.

Copay Requirements

A \$3 for outpatient services not paid for by your Plan (listed in 2)

B \$2 Generic/\$3 Brand – for drugs not paid for by your Medical Plan (listed in 2)

Benefit Package

A – OHP Plus

C – Qualified Medicare Beneficiary (QMB)

D – Limited Medicaid

B – OHP Standard

E – CAWEM Emergency Medical

All non-emergency care must be approved by applicable Managed Care/TPR shown in field 2. See OMAP General Rules OAR 410-120-1200 for specific benefit package limitations. All OMAP administrative rules can be found on the OMAP website at: www.dhs.state.or.us/healthplan/

3 Name of Eligible Person(s)	4 Recipient ID	5 Date of Birth	6 Copay Req	7 ManagedCare/TPR	8 Benefit Package
DOE, JOHN	XX#####X	10/13/62	NO COPAYS	A	B
DOE, JOAN	XX#####X	05/22/66	AB	ABC	A
DOE, JANIE	XX#####X	08/10/94	NO COPAYS	BCDE	A

9. Branch Office DHS BRANCH OFFICE NAME	11. Phone Number BRANCH OFFICE PHONE
10. Address BRANCH OFFICE ADDRESS	12. Authorized Signature WORKER SIGNATURE
BRANCH OFFICE CITY, STATE, ZIP	13. Date 02/14/05

Temporary Medical Care Identification (OMAP 1086) Samples

Example 2 (see next page)

James Doe is an adult on the OHP Plus benefit package ("QMB-Plus" client) in the Pharmacy Management Program.

- Field 6 after John's name, Copay Req, shows "AB," since most OHP Plus clients are required to make copayments.
- Field 7, Managed Care/TPR, shows "ABCD." This shows that James is enrolled with a Primary Care Manager (Field 2, "A"), in Medicare A/B (Field 2, "B"), in an OMAP Dental Plan (Field 2, "C"), and OMAP Mental Health Plan (Field 2, "D"). As a Pharmacy Management Program client, James is also restricted to a single pharmacy (Field 2, "E").
- Field 8, Benefit Package, shows an "A" for OHP Plus.

Jan Doe is a Qualified Medicare Beneficiary in the Pharmacy Management Program.

- Field 6 shows "NO COPAYS," since Jan is not an OHP Plus client.
- Field 7 shows the letter "B." This shows that Jan is enrolled in Medicare A/B (Field 2, "B").
- Field 8 shows a "C" for Qualified Medicare Beneficiary.

Example 3: CAWEM Clients (not pictured)

For clients on the CAWEM Emergency Medical benefit package:

- Field 6 will show "NO COPAYS," since only certain OHP Plus clients pay copayments.
- Field 7 will be blank, since CAWEM clients are only eligible for emergency medical benefits.
- Field 8 will show an "E" for CAWEM Emergency Medical.

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FROM 02/14/05 THRU 02/21/05

Provider:

The persons named below are eligible to receive medical assistance through the Department of Human Services. All insurance and other medical resources must be billed prior to billing the Office of Medical Assistance Programs (OMAP). Some services must be prior authorized. If in doubt about services covered, prior authorization or other policy, please refer to the OMAP General Rules and provider guidelines or call the branch office listed below.

Important Note:

To insure prompt payment processing, please delay submission of claims on these clients for two weeks following date of services so that eligibility can be recorded on the computer.

Copay Requirements

A \$3 for outpatient services not paid for by your Plan (listed in 2)

B \$2 Generic/\$3 Brand – for drugs not paid for by your Medical Plan (listed in 2)

Benefit Package

A – OHP Plus

C – Qualified Medicare Beneficiary (QMB)

D – Limited Medicaid

B – OHP Standard

E – CAWEM Emergency Medical

All non-emergency care must be approved by applicable Managed Care/TPR shown in field 2. See OMAP General Rules OAR 410-120-1200 for specific benefit package limitations. All OMAP administrative rules can be found on the OMAP website at: www.dhs.state.or.us/healthplan/

3 Name of Eligible Person(s)	4 Recipient ID	5 Date of Birth	6 Copay Req	7 ManagedCare/TPR	8 Benefit Package
DOE, JAMES	XX####X	12/14/16	AB	ABCDE	A
DOE, JAN	XX####X	08/07/35	NO COPAYS	B	C

9. Branch Office DHS BRANCH OFFICE NAME	11. Phone Number BRANCH OFFICE PHONE
10. Address BRANCH OFFICE ADDRESS	12. Authorized Signature WORKER SIGNATURE
BRANCH OFFICE CITY, STATE, ZIP	13. Date 02/14/05

2 Managed Care/TPR
A PRIMARY CARE MGR (PCM) PCM NAME PH # 1-800-555-1234
B MEDICARE A/B CARRIER NAME PH # 1-800-555-1234 POLICY #
C OMAP DENTAL PLAN DENTAL PLAN NAME PH # 1-800-555-1234 GRP #
D OMAP MENTAL HEALTH PLAN MENTAL HEALTH PLAN NAME PH # 1-800-555-1234 GRP #
E PMP-ASSIGNED PHARMACY PHARMACY NAME PH # 1-800-555-1234
F
G