

Sandy Wood, Section Manager
DMAP Research Education and Development Section

Karen House, Program Manager
Children, Adults and Families Medical Program

Carolyn Ross, Field Services Manager
Seniors and People with Disabilities

Number: DMAP-IM-08-082

Issue Date: 07/01/2008

Authorized Signature

Topic: Medical Benefits

Subject: New Medical ID coming in September 2008

Applies to:

- | | |
|--|--|
| <input type="checkbox"/> All DHS Employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): <u>DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists</u> |

Message:

In September 2008, when the new MMIS is implemented, DHS will quit producing and mailing the current 8.5" x 11" DMAP Medical Care ID (DMAP 1417). Instead, we will send clients a new Medical ID and coverage letter.

New Medical ID

The new Medical ID will:

- List only the client's name, prime number and the card's issue date.
- Be printed on paper the size of a business card, similar to the health insurance ID cards of some private carriers.
- Be issued one time for each client. New cards will only be issued at the client's request or if the client's name changes.

*The new Medical ID will **not** be a guarantee of eligibility.* Providers will be required to verify eligibility for clients using one of the following tools:

- The new Provider Web Portal, which replaces the current AIS Plus,
- The new telephone-based verification service Automated Voice Response (AVR), which will replace the current AIS, or
- The 270/271 electronic data interchange (EDI) transaction.

Coverage Letter

The coverage letter will list the same information that is on the current Medical ID for everyone on the case who is eligible, except for the dates of coverage.

We will only send clients a new coverage letter if they request one, or their coverage changes.

More to come...

We will send clients and providers information about this change every month through September.

Attachments

This transmittal includes the following:

- *Client letter* – this letter will be sent with all of the July Medical IDs.
- *Provider letter* – this letter will be sent to all DMAP providers and will include a copy of the client letter.
- *Current process vs. new process* – this document outlines the differences between the current and new process and includes a sample of the front and back of the new Medical ID.

If you have any questions about this information, contact:

Contact(s):	Tanya Allen, Client and Provider Education Unit
E-mail:	tanya.s.allen@state.or.us

Client Letter

Important Information DMAP Medical Care ID to change!

In September 2008, the Division of Medical Assistance Programs' (DMAP) Medical Care ID will change.

The current Medical ID is for both you and your health care provider. It shows you and your provider:

- Your benefit package
- Your dates of coverage
- Your copay requirements
- If you are enrolled in a managed care plan

In September 2008, providers will have a **new** tool to check your eligibility.

Because of this, we are changing the way we give you information about your health care coverage.

In September 2008, we will send you a Medical ID in a different size and new format and a coverage letter.

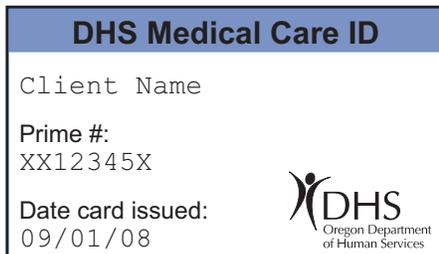
New Medical ID

The new Medical ID will be the size of a business card and will list only your name, prime number and the date it was issued.

Everyone who is eligible in your household will receive their own Medical ID.

You will take your new Medical ID to all health care appointments. Providers will use the information on the Medical ID to check your eligibility.

After we send your new Medical ID, we will not send another one unless your name changes or you request one.



Coverage Letter

Your coverage letter will give you the same information that is on your current Medical ID. For example, your worker's ID and phone number, your benefit package, copay requirements and managed care enrollment.

The coverage letter will list coverage information for everyone in your household who gets a Medical ID.

The coverage letter is just for your information. You will not need to take it to your health care appointments.

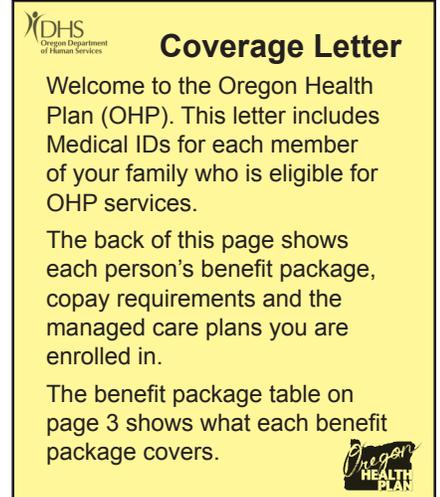
We will only send you a new coverage letter if you request one, or you have a change in your coverage.

More to come...

We will send you more information about this change as we get closer to September.

Questions?

- If you have any questions about this notice, call the Client Services Unit at 800-273-0557.
- If you need this information in another language or different format, call your worker.




Important Information **DMAP Medical Care ID to change!**

In September 2008, when the new MMIS is implemented, DHS will quit producing and mailing the current 8.5” x 11” DMAP Medical Care ID. Instead, we will send clients a new Medical ID, similar to the health insurance ID cards of some private carriers. The new Medical ID will:

- List only the client’s name, prime number and the card’s issue date.
- Be printed on paper the size of a business card.
- Be issued one time for each client. New cards will only be issued at the client’s request or if the client’s name changes.

DHS Medical Care ID	
Client Name	
Prime #:	XX12345X
Date card issued:	09/01/08
	

The new Medical ID will not be a guarantee of eligibility. You will be required to verify eligibility for clients using one of the following tools:

- The new Provider Web Portal, which replaces the current AIS Plus,
- The new telephone-based verification service Automated Voice Response (AVR), which will replace the current AIS, or
- The 270/271 electronic data interchange (EDI) transaction.

Register now for a free training

The Medical ID is just one of many changes that will take place when the new MMIS is implemented. To help you understand how to work with the new MMIS, DHS is providing free training sessions throughout the state.

Staff responsible for eligibility verification, billing, adjustments, prior authorization requests, or other functions related to billing for services provided to OHP clients are urged to attend a free training session.

Training locations and registration

For training locations and registration information, go to the DHS Learning Center at:

<https://dhslearn.hr.state.or.us>

If you need help registering for training, call DMAP Training at 503-945-6549, weekdays 8 a.m. - 5 p.m.

Notifying clients of the change

The letter printed on the back of this page will be included with all of the July Medical IDs. We will continue to send clients information about this change every month.



Current Medical ID process vs. process in new MMIS

Current	New
One Medical ID lists coverage information for each eligible person on the case.	<p>Coverage information will be split between two documents – a coverage letter and Medical ID.</p> <p>One coverage letter will be sent for each case along with Medical IDs for each eligible person on the case.</p> <p>The coverage letter and Medical IDs will be sent in the same envelope. For example, a family of four would receive one coverage letter and four Medical IDs in one envelope.</p>
The Medical ID is printed on 8.5” x 11” paper.	The Medical ID will be printed on paper the size of a business card, similar to the health insurance ID cards of some private carriers (see back for sample).
The Medical ID is mailed monthly to each eligible case.	<p>A Medical ID will be issued for each client and will only be sent once (except for replacements).</p> <p>The Medical ID will list the:</p> <ul style="list-style-type: none"> ■ Client’s name, ■ Client’s prime number, and ■ Date the card was issued.
<p>The Medical ID shows the following information for each client in the case:</p> <ul style="list-style-type: none"> ■ Name ■ Date of birth ■ Prime number ■ Benefit package ■ Copay requirements ■ Managed Care/TPR enrollment ■ Worker ID and phone number ■ Dates of coverage 	<p>The coverage letter will list the following information for everyone on the case who is eligible for medical benefits:</p> <ul style="list-style-type: none"> ■ Name ■ Date of birth ■ Prime number ■ Benefit package ■ Copay requirements ■ Managed Care/TPR enrollment ■ Worker ID and phone number
IDs are mailed during the month when any of the information on the ID changes (i.e., benefit package, managed care).	A coverage letter will be sent when there is a change in coverage (i.e., benefit package, managed care).

<p>Providers verify eligibility by using one of the following:</p> <ul style="list-style-type: none"> ■ Medical ID ■ AIS (phone or Web) ■ Electronic data interchange (EDI) transactions (270/271) 	<p>Providers will verify eligibility by using one of the following:</p> <ul style="list-style-type: none"> ■ New Provider Web Portal (replaces the current AIS Plus) ■ New telephone-based verification service Automated Voice Response (AVR) (replaces current AIS) ■ EDI transactions (270/271)
<p>A message box on the Medical ID allows DMAP and CAF/SPD to include informational/educational monthly messages.</p>	<p>Information sent to all or certain groups of clients will be mailed directly, as needed.</p>

Sample of the new Medical ID

Front

Back

DHS Medical Care ID

Client Name

Prime #:
XX12345X

Date card issued:
09/01/08



This card does not guarantee eligibility.

Clients

Call 1-800-<CSU phone #> for information about your eligibility.

Providers

See <provider Web portal address> for ways to verify this client's eligibility.

For more information/questions

For information about the new MMIS go to:

oregon.gov/DHS/mmis/

Email questions about the new MMIS to:

mmis.questions@state.or.us

Email questions about the new Medical ID process to:

tanya.s.allen@state.or.us