

Jon Pelkey, Manager
 DMAP Quality Improvement and Medical Section

Number: DMAP-IM-08-137

Authorized Signature

Issue Date: 10/02/2008

Topic: Medical Benefits

Subject: Client announcements - November enrollment changes for CareOregon clients who receive services from Yakima Valley Farm Worker Clinics

Applies to (check all that apply):

- | | |
|--|---|
| <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): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

DMAP will send the following letters to current CareOregon clients who receive services through Yakima Valley Farm Worker Clinics. The letters inform them that they will be enrolled into a new medical plan effective November 1, 2008.

- 2,994 households in Marion, Polk, and Clackamas counties will receive the first letter, which tells them they will be enrolled in FamilyCare or Marion-Polk Community Health Plan.
- 812 households in Umatilla, Morrow, and Multnomah counties will receive the second letter, which tells them they will be enrolled in FamilyCare.

They may change plans in the first 30 days of their enrollment and are instructed to call their workers to do so by November 14. Clients with continuity of care issues may be exempted.

For more information about this change, refer to the following transmittal:
<http://www.dhs.state.or.us/policy/healthplan/transmit/im/2008/im08116.pdf>

If you have any questions about this information, contact:

Contact(s):	Michelle Helmer, Prepaid Health Plan Coordinator, DMAP		
Phone:	503-945-6917	Fax:	503-947-5221
E-mail:	michelle.helmer@state.or.us		

Important Information

Changes to your November medical plan enrollment

Starting on November 1, 2008, your medical plan will change. Your current medical plan, CareOregon, will no longer contract with Yakima Valley Farm Workers Clinics to provide medical care to Oregon Health Plan (OHP) members.

Yakima Valley Farm Worker Clinics contract with FamilyCare and Marion-Polk Community Health Plan (MPCHP) to provide medical care to OHP members.

Because of this, DMAP will enroll some or all members of your household into FamilyCare or MPCHP effective November 1, 2008.

Medical Care ID

Your November DMAP Medical Care ID will show you are enrolled with FamilyCare or MPCHP.

This means

On November 1, you will continue to receive care through Yakima Valley Farm Worker Clinics.

Your health care benefits will not change; however, you will now receive them through FamilyCare or MPCHP.

Your new plan will send you information about itself and a list of providers.

Dental and mental health services

You will continue to receive dental and mental health services from your current providers.

30-day enrollment change

You may be able change back to CareOregon or select a different medical plan in the first 30 days of enrollment in your new plan. Call your worker about your options by November 14, 2008.

If you change back to CareOregon enrollment, you will need to find a new health care provider so that OHP can still pay for your health care services.

Delayed enrollment

Your enrollment may be delayed if you are scheduled for surgery or are in the last 3 months of a pregnancy. To do this, call your worker by November 14, 2008.

Native Americans are not required to be in managed care

If you are a Native American or Alaska Native with proof of Indian heritage, you can choose to be enrolled in a medical plan or receive medical services from any provider who will take your DMAP Medical Care ID.

If you do not want to be enrolled in a medical plan, contact your worker by November 14, 2008.

Questions?

 **Contact DMAP Client Services at 800-273-0557 by November 14, 2008** if you have questions about this letter, or if you want to change your medical care plan.

 **Contact your OHP worker** if you need this notice in a larger print size or in a different format.

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