

Division of Medical Assistance Programs

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Authorized Signature

Number: DMAP IM 14-005

Issue Date: 2/21/14

Topic: Medical Benefits

Subject: Client letter: Breast and Cervical Cancer Treatment Program (BCCTP) clients' dental care going to CCOs effective April 1, 2014

Applies to:

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

Message:

Effective April 1, 2014, Columbia Pacific Coordinated Care Organization (CCO) and AllCare Health Plan will incorporate dental care into its network for members enrolled in OHP through the Breast and Cervical Cancer Treatment Program (BCCTP), formerly known as BCCM.

During the last week of February 2014, we will send the attached letter to approximately 30 affected BCCTP clients in Columbia Pacific and 3 clients in AllCare telling them that they will receive all of their medical, mental health, and dental care through their CCO. These clients will be moved from CCOB to CCOA so MMIS will show CCOA effective 4/1/14. Their benefit level will not change.

Clients will also receive notification of this change directly from their CCO, and a Coverage Letter (via MMIS) when the enrollment change takes place. Coverage letters sent as a result of this roll-over will list the OHP Customer Service (branch 5503) as the return address.

DMAP will process this change using the Stop Reason RO – Roll-over code.

If you have any questions about this information, contact:

Contact(s):	Deborah Weston, Policy Analyst, DMAP Policy and Program		
Phone:	503-945-5796	Fax:	503-947-1119
E-mail:	deborah.g.weston@state.or.us		

**Your CCO will cover your dental health care starting
April 1, 2014**

Dear Oregon Health Plan client,

Columbia Pacific Coordinated Care Organization (CCO), will begin covering your dental care on April 1, 2014. Columbia Pacific will send you more information soon.

Your Oregon Health Plan benefits will stay the same.

This means your CCO will coordinate your dental, physical and mental health care making it easier for your providers to work together. There will be no change to your coverage or dental benefits. All of the same services will still be covered.

There will be no break in your care

Most local dentists are part of your CCO plan. It is likely the dentist you have today can be your dentist through your CCO. We will work with you so that there is no break in your care.

Prior authorization for urgent dental care services

If you have been pre-approved for dental services, your CCO will work with you to transition your care. Your current appointments will not change until your CCO works with you to transition your care.

ID card

You can still use your Oregon Health ID card or DHS Medical Care ID card. Both cards are accepted.

Medicare and Medicaid members

Medicare benefits and coverage will not change. If you receive both Medicare and Medicaid, you do not have to be in a CCO. You can ask to change your enrollment to fee-for-service at any time. This means that you can see any provider who accepts Oregon Health Plan clients. They must also accept Medicare coverage since Medicare is the primary payer before OHP. Please call your case manager if you have any questions.

American Indians and Alaska Natives

If you are an American Indian or an Alaska Native you do not have to be in a CCO. You can ask to change your enrollment at any time by calling **1-800-699-9075**.

Questions

- Call OHP Customer Service at 1-800-699-9075 (available from 7 a.m. to 6 p.m., Monday through Friday) if you need this letter in another language or format, such as large print, Braille, audio recording, Web-based communications, and other electronic formats.
- Medicare recipients who receive benefits from Area Agency on Aging or Aging and People with Disabilities: Call your local office.
- Foster parents: Call your local Child Welfare Office.
- For TTY service, dial 711.
- For questions about benefits, contact Client Services at 1-800-273-0557, available Monday through Friday, 8:00 a.m. - 12:30 p.m. and 1:30 - 5:00 p.m.
- For questions about eligibility, contact the Office of Client and Community Services at 1-800-273-0557.

If you have any questions at all, please call us. We want to make sure that you have the information you need.

**Your CCO will cover your dental health care starting
April 1, 2014**

Dear Oregon Health Plan client,

AllCare Health Plan (AllCare), your coordinated care organization (CCO), will begin covering your dental care on April 1, 2014. AllCare will send you more information soon.

Your Oregon Health Plan benefits will stay the same.

This means AllCare Health Plan will coordinate your dental, physical and mental health care making it easier for your providers to work together. There will be no change to your coverage or dental benefits. All of the same services will still be covered.

There will be no break in your care

Most local dentists are part of your CCO plan. It is likely the dentist you have today can be your dentist through your CCO. We will work with you so that there is no break in your care.

Prior authorization for urgent dental care services

If you have been pre-approved for dental services, your CCO will work with you to transition your care. Your current appointments will not change until your CCO works with you to transition your care.

ID card

You can still use your Oregon Health ID card or DHS Medical Care ID card. Both cards are accepted.

Medicare and Medicaid members

Medicare benefits and coverage will not change. If you receive both Medicare and Medicaid, you do not have to be in a CCO. You can ask to change your enrollment to fee-for-service at any time. This means that you can see any provider who accepts Oregon Health Plan clients. They must also accept Medicare coverage since Medicare is the primary payer before OHP. Please call your case manager if you have any questions.

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Questions

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