Nearly 600,000 OHP clients enroll with a DCO

This document is a collaboration between Oregon’s Dental Care Organizations and DMAP and provides information about the Oregon Health Plan (OHP) for interested stakeholders.
Dental Care Organizations

Oregon’s Medicaid program, the Oregon Health Plan, contracts with the eight Dental Care Organizations (DCO). DCOs provide dental services to over 96 percent of OHP clients eligible to receive dental benefits and services. For more information on OHP service areas, please see www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml

Our Dental Care Organizations, in alphabetical order are:

<table>
<thead>
<tr>
<th>Access Dental Plan</th>
<th>Advantage Dental Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services</td>
<td>Member Services</td>
</tr>
<tr>
<td>877-213-0357</td>
<td>866-268-9631</td>
</tr>
<tr>
<td>503-445-9056</td>
<td>866-268-9615</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capitol Dental Care</th>
<th>Family Dental Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services</td>
<td>Member Services</td>
</tr>
<tr>
<td>800-525-6800</td>
<td>866-875-1199</td>
</tr>
<tr>
<td>503-585-5205</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Managed Dental Care of Oregon</th>
<th>Multicare Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services</td>
<td>Member Services</td>
</tr>
<tr>
<td>800-538-9604</td>
<td>877-350-7333</td>
</tr>
<tr>
<td></td>
<td>503-988-3711</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ODS Community Health</th>
<th>Willamette Dental Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Services</td>
<td>Member Services</td>
</tr>
<tr>
<td>800-342-0526</td>
<td>855-433-6825</td>
</tr>
<tr>
<td>503-243-2987</td>
<td></td>
</tr>
</tbody>
</table>

DCOs are here to help

DCOs provide assistance to OHP patients.

Encourage OHP patients to seek preventive care and to not wait for a dental emergency. Prevention is a cornerstone of OHP. Clients should pro-actively access all their available benefits to ensure treatment and ongoing care.
Oregon Health Plan

Oregon’s innovative Medicaid program, the Oregon Health Plan (OHP), provides health care coverage to over 600,000 uninsured Oregonians living with low-incomes.

OHP is administered by the Division of Medical Assistance Programs (DMAP). DMAP is an agency within the Oregon Health Authority (OHA).

Many OHP clients also receive other state assistance (such as Supplemental Nutrition Assistance Program) through local branch offices administered by the Department of Human Services (DHS).

Applying for OHP

Every county in Oregon has a local DHS branch office with staff that can assist in the OHP application process and provide application materials. For a list of office addresses and telephone numbers, see [http://www.oregon.gov/DHS/localoffices/index.shtml](http://www.oregon.gov/DHS/localoffices/index.shtml)

Application Assistance

Applications and information are also available online at [http://www.oregon.gov/DHS/healthplan/app_benefits/main.shtml](http://www.oregon.gov/DHS/healthplan/app_benefits/main.shtml) or by calling the OHP Application Center at 1-800-359-9517.

OHP Coverage letter and ID card

Since December 2008, OHP stopped mailing monthly enrollment cards. Individuals who qualify for OHP receive a Coverage letter and a wallet-sized ID card. Coverage letters and IDs are sent if information changes or when requested by a client.

OHP eligibility must be confirmed at **time of service**. An ID card does not guarantee eligibility for benefits.

Plans also send out new member packets, including the plan’s handbook. If a member needs this information re-sent, they should contact their plan. In addition, many plans have Web sites that include member education and handbooks.

Possession of an OHP Medical Care ID card does NOT guarantee eligibility for benefits.
Service Delivery

Most clients live in mandatory plan enrollment areas. If multiple plans are available, the client may choose their plan. When a client lives in a mandatory enrollment area and does not select a plan, DMAP auto-enrolls the client. Auto-enrollment is computer generated and plan assignments are rotated between DCOs for equal distribution.

All family members must enroll in the same managed care plan. When selecting a plan, the client should call the plan and ask basic questions regarding provider proximity, bilingual staff, etc.

Plan changes are allowed in special circumstances, such as if the client moves or there is medical necessity for specialized care. Some clients qualify for an exemption to mandatory plan enrollment, such as American Indian or Alaska Native tribal members or individuals with special medical or travel needs.

New Oregon legislation allows clients to switch from one managed care plan to another. If a member believes an enrollment error has occurred, they should contact their case worker or call OHP Client Services at 1-800-273-0557.

OHP and Managed Care Organizations

OHP delivers benefits and services primarily through contracted managed care organizations (plans). Plans coordinate covered services and benefits through contracted providers for OHP clients. There are different types of managed care organizations or plans that work with OHP.

DMAP sends DCOs regular enrollment files and provides online eligibility information access through the Provider Web Portal (PWP) and Automated Voice Response (AVR) systems. OHP Medical and Dental Plans are listed by county with additional information at http://www.oregon.gov/DHS/healthplan/managed-care/plans.shtml

- Dental  DCO - Dental Care Organizations
- Medical  FCHP - Fully Capitated Health Plans
- Medical  PCO - Physician Care Organizations
- Medical  PCM - Primary Care Manager
- Mental  MHO - Mental Health Organizations
Verifying client eligibility

Providers are responsible for verifying client eligibility at each visit for a billable service. If an OHP client does not have their ID card, providers can verify eligibility by using the client’s name and birth date.

If your patient is enrolled in a plan, follow the plan protocols. Use the following self-service provider tools for accessing client eligibility:

- Provider Web Portal (PWP)  Provides secure, real-time eligibility verification and other information. A Provider Web Portal Quick Tip Sheet is attached.
- Automated Voice Response (AVR)  A real-time telephonic system using a touch-tone telephone and calling 1-866-692-3864.
- Electronic Data Interchange (EDI)  Registered EDI users submit and receive batch eligibility inquiries using the 270/271 transaction.

For more information on all three 24-hour, secure systems and more about OHP client eligibility and enrollment, go to oregon.gov/DHS/healthplan/tools_prov/main.shtml#eligibility.

No Shows

A no show is considered a missed appointment when a patient does not provide 24-hour advance notice. DCOs estimate that no shows represent between 25–40 percent of all appointments. This results in valuable treatment time lost that could have been used for another patient. In extreme cases of member/patient no shows, the practice may request that the member be disenrolled by contacting the plan.

Providers should provide patient education when a no show become a problem. Practices should also stress to their clients the importance of keeping appointments and communicate that no shows represent an unnecessary cost to the OHP program and Oregon taxpayers.

OHP clients cannot be billed for no show or missed appointments. For more information, please see Oregon Administrative Rules 410-120-1280(3)(c).

Emergency and urgent care

Clients enrolled in a DCO should call their assigned dentist or plan. Examples of dental emergencies that require immediate treatment include severe tooth pain, serious infection or a knocked-out tooth.

Urgent dental care is dental care requiring prompt but not immediate treatment. Examples of urgent conditions include toothaches, swollen gums, or a lost filling.
OHP benefit packages

- **OHP Plus** (Code - BMH) This is the richest benefit package and covers children under age 19, pregnant adults, and people who are blind, disabled, over 65, or receive Temporary Assistance to Needy Families (TANF) benefits.

- **Healthy Kids** (Code - BMH) The program name for children, under the age of 19, who receive the OHP Plus benefit package.

- **OHP Supplemental** (Code - BMP) This benefit package provides OHP pregnant clients with additional dental and vision benefits.

- **OHP with Limited Drug** (Codes - BMM or BMD) This package is for clients who are eligible for both Medicaid and Medicare Part D and provides the same comprehensive benefits as OHP Plus. OHP drug coverage is limited to drugs not covered by Medicare.

- **OHP Standard** (Code - KIT) This limited benefit package covers a limited number of uninsured adults not eligible for traditional Medicaid.

- **Citizen Alien-Waived Emergency Medical** (Code - CWM) Coverage is limited to emergency medical services and childbirth, only. CAWEM is for non-U.S. citizens who would be eligible for OHP except for their citizenship status.

- **CWM Plus Prenatal** (Code - CWX) The partnership between OHP and County Health Departments provide nearly the same benefits and services as OHP Plus and OHP Supplemental to pregnant CAWEM clients. At the time of publication, fifteen counties were participating, Benton, Clackamas, Columbia, Crook, Deschutes, Douglas, Hood River, Jackson, Jefferson, Lane, Morrow, Multnomah, Umatilla, Union and Wasco.

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**Healthy Kids Connect** Healthy Kids Connect is administered by the Office of Private Health Partnerships. Qualified families with incomes between 201 and 300 percent of the Federal Poverty Level (FPL), up to $66,156 (2012) for a family of four, can enroll their child(ren) in a private health insurance and receive a sliding-scale subsidy to help pay monthly premiums. More information is available at [www.oregon.gov/OPHP/kidsconnect/index.shtml](http://www.oregon.gov/OPHP/kidsconnect/index.shtml)
OHP dental benefits and services

Following is a partial list of OHP benefit plan coverage. Providers must check client eligibility and benefit package services BEFORE providing services. Some services may require Prior Authorization.

- Cleaning
- Denture relines, adjustments/repairs
- Exams
- Fluoride
- Oral surgery - some
- Endodontic services (root canals for some teeth)

- Preventative services
- Sealants (children only)
- X-rays
- Dentures - full and partial
- Prescriptions
- Periodontal services (scaling and root planing, maintenance)

An OHP Benefit Plan Coverage guide (DMAP Form 1418) is sent to clients and is attached for your information.

Additional services for some clients

In addition to the services listed above, these clients receive additional services:

**OHP Plus** if younger than 21 years old (Code - BMH)

**OHP with Limited Drug** if younger than 21 years old (Codes - BMM or BMD)

**OHP Supplemental** for pregnant women (Code - BMP)

**CAWEM Plus Prenatal** is available in 15 counties (Code - CWX)

Additional services include:

- Crowns
- Some additional gum/oral surgeries

- Root canals on molars and some other tooth root procedures

Service limits

**OHP Standard** (Code - KIT) clients only receive immediate or urgent care dental services for conditions such as acute infection, abscesses or severe tooth pain. Coverage does not include services to restore teeth, like fillings.

**CAWEM** (Code - CWM) clients do not receive dental benefits.

OHP dental benefits

Please refer to the current and detailed dental benefit list available in Oregon Administrative Rules at [www.dhs.state.or.us/policy/healthplan/guides/dental/main.html](http://www.dhs.state.or.us/policy/healthplan/guides/dental/main.html)
RESOURCES

Providers
Current and detailed dental benefit list, contact your DCO or Oregon Administrative Rules www.dhs.state.or.us/policy/healthplan/guides/dental/main.html


Provider Web Portal https://www.or-medicaid.gov

OHP forms https://apps.state.or.us/cf1/FORMS/

Sign up for eSubscribe to receive e-mail updates on OHP changes that affect you. www.oregon.gov/DHS/healthplan/notices_providers/main.shtml

Clients
OHP Client Services representatives 1-800-273-0557

Assistance filling out the OHP Application Healthy Kids Application Assisters are organizations, schools, businesses and other community groups who help families fill out OHP applications. There are over 180 sites with Assisters. www.application-assisters http://oregonhealthykids.com/apply/map.html

DHS field office locations and contact information http://www.oregon.gov/DHS/localoffices/index.shtml

DCO information booklet about dental benefits
Spanish https://apps.state.or.us/Forms/Served/hs7224.pdf
English https://apps.state.or.us/Forms/Served/he7224.pdf

Information about the Oregon Health Plan – Green Booklet http://dhsforms.hr.state.or.us/Forms/Served/HE9025.pdf

Oregon Health Plan – Client Handbook http://dhsforms.hr.state.or.us/Forms/Served/HE9035.pdf

Managed Care Organizations by county www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml

Oregon Healthy Kids program www.oregonhealthykids.gov/

OHP open card/fee-for-service dental providers. Providers listed on this Web site may or may not be accepting new clients www.insurekidsnow.gov/state/oregon/oregon_oral.html

Oregon Tobacco Quit Line: No-cost stop smoking and chewing program for OHP clients. No charge for nicotine replacement therapies.
English 1-800-QUIT NOW (1-800-784-8669) Spanish 1-877-2 NO FUME (1-877-266-3863)
### Oregon Medicaid Provider Web Portal Eligibility Verification Request Screen

**How to verify client eligibility and copayment responsibility at** [https://www.or-medicaid.gov](https://www.or-medicaid.gov)

At the main menu, click **Eligibility**. Enter the client’s 8-digit ID number, plus name or date of birth, then click **search**.

- For date of service, enter a “From” date no more than 13 months before the date of inquiry, and “To” date no later than the date of inquiry.
- For service limitations, also enter a procedure code.

The following information will appear. To view copayment information, click on BMD, BMH, BMM or BMP in the Benefit Plan section of the screen.

### Client Information

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>Last EPSDT</th>
<th>Last Dental Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA#####A</td>
<td>JOHN DOE</td>
<td>JOHN DOE</td>
<td>05/23/2011</td>
<td>05/23/2011</td>
</tr>
</tbody>
</table>

### Benefit Plan(s)

Only these codes are for medical benefits:
- BMD, BMM: OHP with Limited Drug
- BMH: OHP Plus
- BMP: OHP Plus Supplemental
- KIT: OHP Standard
- CWX: OHP Plus coverage for CAWEM Prenatal program clients
- CWM: CAWEM
- MED: Medicare Beneficiary

### Service Type Coverage and Copay

This screen shows the services covered by the benefit plan selected, grouped by service type (e.g., “Medical Care” or “Pharmacy”). Non-covered services will not display here.

- **Coverage:** “Active” or “Limited”
- **Copay:** The amount to pay ($0, $1, or $3). If a client with BMD, BMM, or BMH benefits is exempt from copayment, this field will read $0.00 for all services.

### Managed Care

**Lockin**  
Assigned pharmacy for Pharmacy Management Program clients (not used).

**Service Limitations**  
The next available date of service for the procedure entered.

**Managed care**  
Effective dates of managed care or Primary Care Manager (PCM) enrollment. Plan types:
- DCO: Dental Care Organization
- FCHP: Fully Capitated Health Plan
- MHO: Mental Health Organization
- PCO: Physician Care Organization

### Questions? Call DMAP Provider Services at 800-336-6016.
Coverage letter and ID

Coverage letter
One OHP Coverage letter is sent to a household and shows their caseworker’s ID, phone number, benefit package, copayment requirements and managed care enrollment.

The first page lists the reason the letter was sent. The second page shows eligible household members benefit package, ID number and managed care enrollment. Managed care and other insurance information is detailed on the third page.

The letter is for the client’s information only and they do not need to show it to providers. Clients should see their branch office for replacement letters.

OHP Benefit Plan Coverage
A quick benefit overview (attached) is mailed with the initial Coverage letter. DMAP refers to it as the yellow sheet (DMAP form #1418). The most current version is available at http://www.oregon.gov/DHS/healthplan/forms/main.shtml

ID
Every eligible person in a household receives their own Medical ID card. Managed care plans also send members an ID card.

OHP does not mail new ID cards unless there is a name change or the client requests a replacement branch office.

Front

<table>
<thead>
<tr>
<th>DHS Medical Care ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
</tr>
<tr>
<td>Client ID #:</td>
</tr>
<tr>
<td>AB1234CD</td>
</tr>
<tr>
<td>Date card issued:</td>
</tr>
<tr>
<td>03/09/09</td>
</tr>
</tbody>
</table>

Back

**Clients** – Coverage questions?
Call 800-273-0557.

**Providers** – This card does not guarantee coverage. Verify coverage at: https://www.or-medicaid.gov or by calling 866-692-3864.

Welcome to the Oregon Health Plan (OHP). This is your **new coverage letter**.

This letter lists coverage information for household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

**Reasons for letter:**

Managed care plan or Primary Care Manager enrollment changed for:

- Doe, John – 7/13/2009
- Doe, Jane – 7/13/2009
- Doe, Timothy – 7/13/2009
- Doe, Kathy – 7/13/2009
Here are examples of the Coverage letter pages two and three

The following chart lists coverage information for everyone who is eligible in your household. See the enclosed Benefit Package chart for information about what each benefit package covers. Letters in the Managed Care/TPR enrollments section refer to the plans listed on the Managed Care/TPR Enrollment page.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Client ID #</th>
<th>Copays?</th>
<th>Benefit Package</th>
<th>Managed Care/TPR enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td>01/01/1968</td>
<td>AB1234CD</td>
<td>No</td>
<td>OHP Standard</td>
<td>A, B, C</td>
</tr>
<tr>
<td>Timothy Doe</td>
<td>03/01/2006</td>
<td>AB1236CD</td>
<td>No</td>
<td>OHP Plus</td>
<td>B, C, D, F</td>
</tr>
<tr>
<td>Kathy Doe</td>
<td>04/01/2007</td>
<td>AB1237CD</td>
<td>No</td>
<td>OHP Plus</td>
<td>B, C, E, G, H</td>
</tr>
</tbody>
</table>

Managed Care/TPR enrollment

<table>
<thead>
<tr>
<th>Plan Information</th>
<th>Plan Information</th>
<th>Plan Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Fully Capitated Health Plans - DOCTORS UNLIMITED</td>
<td>B Dental Care Organizations - DC</td>
<td>C Mental Health Organizations - MH</td>
</tr>
<tr>
<td>800-555-5555</td>
<td>HAPPY TEETH</td>
<td>CANYON MENTAL HLTH ORG</td>
</tr>
<tr>
<td></td>
<td>866-555-5555</td>
<td>888-555-5555</td>
</tr>
<tr>
<td>D MAJOR MEDICAL MATERNITY EMPLOYER’S INSURANCE</td>
<td>E DCM-FFS Disease Mgmnt DCM Contractor</td>
<td>F PRESCRIPTION DRUGS - COST</td>
</tr>
<tr>
<td>Pol# 12345678 ABC123456789</td>
<td>800-555-5555</td>
<td>OREGON’S PHARMACY</td>
</tr>
<tr>
<td></td>
<td>DCM-PGM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To download a current table (DMAP Form 1418), go to [http://www.oregon.gov/DHS/healthplan/forms/main.shtml](http://www.oregon.gov/DHS/healthplan/forms/main.shtml)

**Oregon Health Plan benefit plan coverage**

OHP covers benefits that show a “✓.” Limited services are covered at a reduced level. See the OHP Client Handbook for benefit details. For a copy of the handbook, call 1-800-359-9517.

<table>
<thead>
<tr>
<th>Covered services</th>
<th>OHP Plus; OHP with Limited Drug*</th>
<th>OHP Standard</th>
<th>CAWEM</th>
<th>CAWEM Plus</th>
<th>QMB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children; adults with OHP Plus - Supplemental</td>
<td>Other adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>✓</td>
<td>✓</td>
<td>Limited</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Chemical dependency</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Basic services including cleaning, fillings and extractions</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Urgent/immediate treatment</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Other services</td>
<td>✓</td>
<td>Limited</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hearing aids and hearing aid exams</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Home health; private duty nursing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hospice care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hospital care</td>
<td>Emergency treatment</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Inpatient/outpatient care</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
</tr>
<tr>
<td>Immunizations</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Labor and delivery</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
</tr>
<tr>
<td>Laboratory and X-ray</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medical care from a physician, nurse practitioner or physician assistant</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medical equipment and supplies</td>
<td>✓</td>
<td>✓</td>
<td>Limited</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Medical transportation</td>
<td>✓</td>
<td>✓</td>
<td>Emergent only</td>
<td>Emergent only</td>
<td>✓</td>
</tr>
<tr>
<td>Medicare premiums, copayments (except for drugs) and deductibles</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>✓</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Vision services</td>
<td>For medical and emergent treatment</td>
<td>✓</td>
<td>✓ Emergent only</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For glasses</td>
<td>✓</td>
<td>Limited</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

* Drug coverage for this benefit package is limited to drugs that are not covered by Medicare Part D.

OHP offers more services and places more limitations than are listed here. This chart is meant to be a guide, not OHP policy.