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Authorized Signatures

SS-IM-04-016

Numbers: OMAP-IM-04-058

Issue Date: 6/9/04

Topic: Medical Benefits

Subject: OHP Standard Copayments Ending - Update and Client/Provider Flyers

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

Message: Copayments for clients receiving the OHP Standard benefit package under the OHP-OPU program will end mid-June. This change is required to comply with a lawsuit's final ruling.

Starting Saturday, June 19th, the OHP Standard benefit package will have no copayments. However, clients will still have to pay copayments for services provided through Friday, June 18th. The Medical Care ID cards for June will still indicate a copayment requirement for the OHP Standard benefit package.

OMAP will be notifying clients and providers of the copayment change. They will be instructed to contact OMAP if they have questions. Copies of the information being sent to clients and providers are included in this transmittal.

No changes are being made to the OHP Plus benefit package copayments.

No changes are being made to the OHP Standard premium requirements.

Questions?

If you have questions about this information, call Roger Staples at 503-945-9072, Joyce Clarkson at 503-945-6106, or Michelle Marks at 503-947-5129.

If you have any questions about this information, contact:

Contact(s):	For contact information, please see above text		
Phone:		Fax:	
E-mail:			



Oregon

Theodore R. Kulongoski, Governor

June 8, 2004

Department of Human Services

Health Services

Office of Medical Assistance Programs

500 Summer Street NE, E44

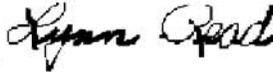
Salem, OR 97301-1079

Voice - (503) 945-5772

FAX - (503) 373-7689

TTY - (503) 378-6791

To: Health Care Providers

From: Lynn Read 
Administrator

Subject: Copayments **dropped** for Standard Clients,
effective June 19, 2004



Do **not** charge clients on the OHP Standard benefit package a copayment for health care services or supplies provided **after** June 18, 2004.

The Department of Human Services (DHS) is eliminating copayments for OHP Standard clients, effective June 19, 2004. We are making this policy change as a result of legal action taken by some of the OHP Standard clients.

OHP Standard clients have the letter "B" in field 9b (Benefit Package) of the OMAP Medical Care ID. Beginning with the July 1, 2004 mailing, the OMAP Medical Care ID will show the statement "No Copays" in Field 9b for these clients.

Continue to bill us your usual and customary charge for services provided to OHP Standard clients. We will stop deducting the copayment amount from your payment for services and supplies provided to these clients after June 18, 2004.

We are revising the OMAP administrative rules to remove the copayment requirements for OHP Standard.

We are mailing the informational flyer printed on the back of this letter to clients on the OHP Standard benefit package informing them of this policy change.

Copayments are still required for some clients on the OHP Plus benefit package.

If you have questions about this notice, contact a Provider Services Representative, toll-free at 1-800-336-6016 or direct at (503) 378-3697.

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HRB 1014 (4/00)



Important Information

Copayments End for OHP Standard Clients on 6/19/04

This information is for OHP Standard benefit package clients only

Look at Field 9b (Benefit Package) of your OMAP Medical Care ID. Any member of your household who has a "B" in Field 9b is on the OHP Standard benefit package.

OHP Standard copayments end

A copayment is that part of a bill that a client must pay to a health care provider or facility (pharmacy, hospital, clinic).

On June 19, 2004, the Department of Human Services (DHS) will stop requiring clients on the OHP Standard benefit package to make copayments. *You are on the OHP Standard benefit package if you have a "B" in Field 9b of the OMAP Medical Care ID.*

This change is the result of a lawsuit filed by some OHP Standard benefit clients.

Providers are informed

We sent information to your health care providers regarding this change. The information instructed them **not** to charge copayments to clients on the OHP Standard benefit package after June 18.

Providers cannot refuse to treat OHP Standard clients just because they are not making copayments.

Take this flyer if you see your health care provider after June 18

We are not sending you a new Medical Care ID at this time. Your provider should not ask you for a copayment for services provided after June 18, even though your current ID shows one is required; however, you may want to bring this flyer with you to health care appointments after June 18. If you are asked for a copayment and don't have this flyer, ask your provider to contact the Office of Medical Assistance Programs (OMAP) at the phone number on the back of your Medical Care ID.

Medical Care IDs will change on 7/1/04

We will change the OMAP Medical Care ID to show the words "No Copays" in Field 7b (Copay Req) for clients on the OHP Standard benefit package. You will see this change on your July 1, 2004 Medical Care ID.

Premiums will not change

You will continue to receive your monthly premium bill.

Questions?

- ☎ If you have any questions about this information, call the OMAP Client Advisory Services Unit at 1-800-273-0557, or TTY 1-800-375-2863.
- ☎ If you need this information in a larger print size or different format, call your worker.

