

Cathy Cooper
Authorized Signature

Number: SPD-AR-10-091
Issue Date: 10/6/2010

Topic: Medical Benefits

Due Date: 12/31/2010

Subject: Review of Current Exempted Non-Medicare clients and Physical Health Managed Care Enrollment

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Action Required: A MMIS report of all non-Medicare SPD/AAA clients currently coded as exempt was run to assist local offices in ensuring clients have been appropriately enrolled into Physical Health Managed Care Plans when they do not meet exemption criteria. Clients without Medicare benefits are required to be in Physical Health Care Plans unless they meet an exemption status. Clients without Medicare benefits must be reviewed for Physical Health Plan enrollment prior to the due date listed above. If the non-Medicare client does not meet exemption status, the local office can either enroll them in a selected plan or end the current exemption and allow the MMIS system to auto enroll them into a Physical Health Plan. If the client meets exemption criteria, the case needs to be coded with the appropriate exemption status, narration in OR ACCESS must include the documentation supporting the exemption status.

- * Exemptions must be reviewed annually at the time of financial review for continued exemption, including new documentation.
- * Exemptions should not be coded for more than one year in the MMIS system.
- * Exemptions should be coded with the same ending date as the financial review date

Reason for Action: Last August (2009) the MMIS system began auto enrolling clients into Managed Care Plans. When this system did an update to exempt SPD/AAA clients non-Medicare clients were exempted in error due to the system using only program code. Non-Medicaid client's do not have the option to opt out and must meet exemption status or be enrolled into Physical Health Managed Care Plans when they receive OHP Plus benefits. As a result of this action, local office staff will need to review each non-Medicare client with a current exemption tied to the ending date of September 30, 2011. DMAP will no longer extend a manual fix past the new September 30, 2011 update. Clients with Medicare with current exemptions should continue to be reviewed annually when financial eligibility is completed. If they elect to remain out of Physical Health Plan enrollment, they will be exempted using the MCC exemption reason code.

Field/Stakeholder review: Yes No

If yes, reviewed by: **Operations Committee**

If you have any questions about this action request, contact:

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