

Ashley Carson-Cottingham

Authorized signature**Number:** APD-AR-16-068**Issue date:** 9/26/2016**Topic:** Long Term Care**Due date:**

Expedited Denial Process when coordinating DME for fee-for-service

Subject: consumers**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 checked="" type="checkbox"/> | Aging and People with Disabilities | <input type="checkbox"/> | Office of Developmental
Disabilities Services(ODDS) |
| <input type="checkbox"/> | Self Sufficiency Programs | <input type="checkbox"/> | ODDS Children's Intensive
In Home Services |
| <input type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> | ODDS Children's
Residential Services | <input type="checkbox"/> | Other (please specify): |
| <input type="checkbox"/> | Child Welfare Programs | | |

Action required:

The intent of the [Oregon Health Benefits Inquiry Request](#) form MSC 373 is to streamline the process for open card/fee-for-service individuals enrolled in long term care services who need non-covered Durable Medical Equipment (DME) to increase their independence. When a verbal denial for equipment is received, usually from a DME vendor, use this form to get a quick written denial required to submit a [request for K Plan Ancillary Services](#).

Instructions to complete Health Benefits Inquiry Request:

1. APD/AAA staff to complete unshaded areas.
2. HCPCS (health care procedural codes) can found on the original physician's order or through this link: [Find-A-Code](#).
3. Please refer to this link to the [DME rule book](#) to determine if item requires prior authorization (PA).
4. Submit the form to Health Systems Division (HSD, formally DMAP) via secure-email to the following: ODDS-HSD.benefitinquiry@state.or.us.
5. Decision should be returned within 3 business days.
6. If HSD determines the item is not covered, submit this form, with three vendor bids, and [request for K Plan services](#) to KPlan.Requests@state.or.us.

7. If the HSD determines the item is covered please submit the form to the local DME vendor for processing.
8. If the local vendor DME still denies the request please contact Amy Gordin, 503-945-5659 or amy.gordin@state.or.us to further staff the case.

Please Note: This form currently cannot be used for consumers who are enrolled in a Coordinated Care Organizations (CCOs) for medical coverage. If you are struggling with a case, all CCO's have Intensive Case Managers (ICM) who can assist you with care coordination. For an updated list of ICMs please contact Jean Rasmussen at jean.rasmussen@state.or.us.

Reason for action:

KPlan currently requires written denials from HSD or CCOs to process requests to cover DME costs for consumers. This process will assist in documenting the OHP denial decision and lead to more expedient outcomes for the consumer.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy, APD Operations

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

Contact(s):	Amy Gordin		
Phone:	503-945-5659	Fax:	
Email:	amy.gordin@state.or.us		