
Health Insurance Enrollment for 2015

OPCA

Outreach and Enrollment Worker Meeting

February 17, 2015

COMMUNITY PARTNER OUTREACH PROGRAM
Oregon Health Authority & Cover Oregon

The logo for the Oregon Health Authority. It features the word "Oregon" in a small, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. A thin blue horizontal line is positioned below the word "Health".

OHA Leadership Changes

- **Lynne Saxton**, Interim OHA Director
- **Dr. Bruce Austin**, OHA's first Dental Director
- **David Simnitt**, OHA Deputy Director
- Community Partner Team highlights OEW successes and concerns to weekly meetings with DMAP and OHA leaders **Judy Mohr-Peterson** and **Suzanne Hoffman**

Oregon Health Plan Renewals

- **Expedited Renewal**
 - Members renew with a simple, one-page form
 - The expedited renewal form lets OHA know if members have had a change in household information
- **Full Application Renewal**
 - Members fill out a full application in order to renew their benefits, including those who enrolled in OHP through the fast-track process
- **Members Contacted re: Need to Renew**
 - able to Retain Coverage through 2/28/2015
 - includes members who received notices that their benefits were closing January 31st

Oregon Health Plan Renewals (Cont'd)

- **Next Round of Fast Track Closure Letters**
 - Out this week
 - 10 days until benefits end
- **New CSC Case Closure phone number: 1-844-647-4746**
 - Will be listed on all future closure notices

OHA Customer Service Center Updates

- CSC staff priorities are **Case Closure Calls** and **Urgent Requests**
- Additional CSC staff to be trained this week on:
 - **FFM/Look Up procedures**, including pregnancies and newborns. Should streamline process.
 - **Entering apps via phone calls** from clients whose cases are due to close. Goal is to reduce call wait times.



Life Change Processes - Providers



Providers can submit to OHA these **pregnancy** and **newborn** notification forms for OHP members:


Pregnancy Notification Form:

<https://apps.state.or.us/Forms/Served/he3360.pdf>

Newborn Notification Form

<https://apps.state.or.us/Forms/Served/oe2410.pdf>

Life Change Processes - Providers



Print
Clear Form

Division of Medical Assistance Programs

Oregon Health Plan Pregnancy Notification

It is important to identify a pregnant OHP/Medicaid client as early in her pregnancy as possible.

- This form only needs to be submitted once or if there is a change.
- Has the family completed an OHP application?
Yes ___ Date: ___ No ___

To report a pregnancy for an OHP/Medicaid patient, please complete the information listed below.

- Complete All Fields - Print Legibly -

This form will not be processed if it is illegible or incomplete.

To be completed by patient:

Print Legal Name and DOB: _____ (DOB)

Phone number _____ (Last, First, MI) (DOB)

Medicaid ID Number: _____
(from DMAP Medical ID)

Father of the Unborn's Full Legal Name and DOB: _____ (DOB)

Patient Signature: _____ (DOB)

Date: _____

To be completed by the provider:


Estimated Due Date: _____
(Month) (Year)

Provider Name: _____
(Print)


Signature: _____
(Provider, office staff or managed care representative)

Date: _____ Phone: _____ Fax: _____

Fax to (503) 373-0868
or mail the form to:
OHP
PO Box 14520
Salem, OR 97309-5044



OHP 3360 (Rev. 12/12)



Print
Clear Form

Oregon Health Plan Newborn Notification Form

Hospital Discharge Date _____

Business / Clinic Name _____

Address _____

Phone _____ Fax _____

Contact Person _____

Baby's Name _____

Date of Birth _____
Last First Middle

Gender Female Male

Mother's Name _____

Date of Birth _____ SSN _____
Last First Middle

Client ID Number _____

Fill out the following information in both sections if available:

Father's Name _____

Date of Birth _____ SSN _____
Last First Middle

Client ID Number _____

Child Deceased Date _____

Date child was placed in Child Welfare custody _____

Adopted Date _____

Other _____

Fill out and return to: OHP Central Processing Branch
P.O. Box 14520
Salem OR 97309-5044

FAX: (503) 373-7493

DMAP 2410 (Rev. 07/11)

Life Change Processes - Clients



Clients on:

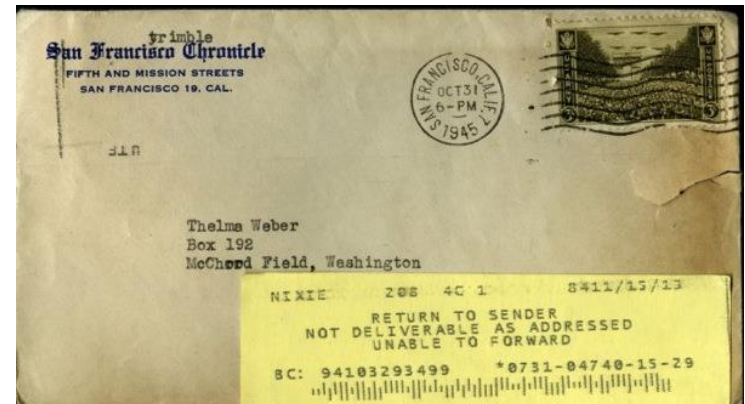
- **OHP** should report other **life changes** directly to OHA, by e-mailing OregonHealthPlan.Changes@state.or.us.
- A **QHP** should report life changes to [HealthCare.gov](https://www.healthcare.gov) by logging into their [HealthCare.gov](https://www.healthcare.gov) account. Clients will get a new determination, if necessary followed by next steps.

Life Change Processes - Community Partners

Please use OHP.Outreach@state.or.us to:



- Submit **urgent medical requests** or **incorrect determination reports**.
 - The **Client Advocacy Guide** outlines this process further, including the link to OHA's appeal form.
 - You can also contact your Regional Outreach Coordinator with these requests.
- Assist clients with **address changes**.



Urgent Requests



OHP.Outreach@state.or.us

- **Expedited criteria** for the use of this email are:
 - If the person is pregnant and due date within the next 30 days
 - If there are complications with the pregnancy
 - If the pregnant applicant needs an immediate procedure for the health of the mother
 - If the applicant has an immediate need to get a prescription filled
 - If there is an emergent medical need, such as a broken bone
 - If the customer reporting is a serious health concern/condition

What to Include When E-mailing

OHP.Outreach@state.or.us

- Full name of household primary contact
- SSN of household primary contact
- DOB of household primary contact
- Names of other family members (& DOBs, if relevant)
- Address and phone number
- Application # (HealthCare.gov) or Prime # (Case ID for OHP)

Urgent Requests

OHP.Outreach@state.or.us

Priority criteria for the use of this email are:

- If there is a pregnant person on the application
- If an applicant reports any disabilities
- If applicant reports any safety concerns
- If there is a non-emergent pharmacy need



Dates to Remember

HealthCare.gov Separate Enrollment Period: February 22, 2015

- Contact HealthCare.gov

Open Enrollment Period for benefit year 2016:

October 1 – December 15, 2015

Special Population Collaboratives

- 2.17.15: Inmate Transition Collaborative 2PM-3PM
- 2.18.15: Latino Collaborative 9AM-10AM
- 2.20.15: Tribal Collaborative 2PM-3PM
- Homeless and LGBTQ2S Collaborative Dates TBD

Contact Antonio.Torres@state.or.us for more info

Outreach to Providers & (OEWs!)

Provider Webinars:

- *Atypical Eligibility: 1/30/15*
- *CCO Topics: 2/27/15, 10-11 am*

Future Provider Collaboratives:

- Topics?
- Format?
- Certain types of providers?



Provider Outreach Enrollment Addendum

- Revised OHA 3128 (*Addendum*) = current application assistance standards
- Posted on Groupsite
- Are your Account Creation requirements current?
- Return to CP.Business@state.or.us by **2/28/2015**

DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Office of Client and Community Services

Oregon Health Authority

Application Assistance by Provider Staff
Provider Enrollment Agreement (OHA 3975) Addendum
For questions: OCCS Outreach Team: cp.business@state.or.us

(Provider organization name for this addendum) (Date)

In order to use this addendum to enroll as a location providing application assistance for enrollment in health coverage, the Provider Organization must be a primary care provider or facility that is enrolled or in the enrollment process with the Oregon Health Authority (OHA).

Locations can be, but are not limited to, Hospitals, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), County Health Departments, Adult and Youth Substance Use Disorder Treatment and Recovery Centers, Tribal 638 clinics, Indian Health Services, Family Planning Clinics, and other primary care clinics as approved by OHA. *OAR 410-120-0045*

Provider Organizations for which any of the following are true are not eligible for this Addendum and will not have certified Application Assistants in the organization:

- Is an issuer of health insurance or stop-loss insurance, or a subsidiary thereof,
- Receives any consideration directly or indirectly from issuers of health insurance or stop-loss insurance in connection with the enrollment of any individuals or employees in a Qualified Health Plan (QHP) or non-QHP.

Provider Organizations and their Application Assistants must adhere to the following Standards when providing services:

Organization Standards

Provider Organizations will:

- Provide equitable treatment to all who request assistance.
- Employ materials and communications that are objective, informative and factually correct. All outreach and enrollment materials developed by the organization must be approved by OHA prior to distribution.
- Be impartial when referring consumer to another resource, program, or organization, when the Provider Organization cannot provide the service(s) requested.

Provider Enrollment Addendum – Application Assistance by Provider Staff OHA 3128 (Rev. 02/15)
Page 1 of 4

Important Contact Information

Entity	Contact Information	Function
Federal Customer Service Center	800-318-2596 HealthCare.gov	Application and eligibility determination process for all applicants directed to HealthCare.gov
OHA Customer Service Center	Ph: 800-699-9075 Fax: 503-373-7493	OHA Public Medical Program application and eligibility determination process
OHA Processing Center	OHP.Outreach@state.or.us Send secure email	Client advocacy
OHA Processing Center	OregonHealthPlan.Changes@state.or.us Send secure email	Client information updates
OHA Client Services Unit	800-273-0557	Manage OHA Public Medical Program enrollment
OHA Provider Services Unit	800-336-6016	Work with MAP-contracted providers
OHP Care Coordination	800-562-4620	Nurse advise for Open Card members
MAP Administrative Office	503-945-5772	
Governor's Advocacy Office:	800-442-5238	

OHA Transformation Center

- Supports CCOs through technical assistance and learning collaboratives.
- **Innovator agents** are liaisons between CCOs and OHA.
 - Find your Innovator Agent at Transformation.Center@state.or.us
971-673-3363

Questions?



Betse Thielman

Provider Campaign Coordinator

Community Partner Team

Medical Assistance Programs, Oregon Health Authority

Elizabeth.S.Thielman@state.or.us

(971) 301-3168



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