



# **DMAP Worker Guide VII**

## Payment of Private Health Insurance Premiums

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## Payment of Private Health Insurance Premiums

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### Excluded groups

DMAP pays clients' private health insurance (PHI) premiums when:

- The client is not in an "Excluded Group," and
- The PHI premium is determined cost-effective by DMAP

Use the information in this Worker Guide to determine the clients who should be referred to DMAP for PHI premium payments, and how to make the referral.

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### Referral to DMAP

A case must be screened for PHI premiums and opened on CMS as OHP Plus eligible before sending a referral to DMAP.

PHI premium payment referrals must be sent to DMAP on the Premium Referral form ([DMAP 3073](#)). In order to comply with HIPAA requirements, PHI referrals must only be sent by shuttle or through the mail. Send completed forms to:

PHI Coordinator - CMU  
DMAP– Operations  
500 Summer St NE E44  
Salem OR 97301-1079

When completing the [DMAP 3073](#), do not leave any area blank, and if an area does not apply, write N/A. DMAP will return incomplete referrals to the branch office.

The following information or documentation is needed to complete the [DMAP 3073](#):

- Premium amount
- Type of coverage (major medical, drugs, etc.)
- Name and address of insurance company
- Policyholder's name, group and policy number
- Who the checks are made out to (insurance company, employer, etc.), and the name and address where the checks should be sent
- Client information (name, case number, etc.)
- Medical documentation or information to justify continuing premium payment
- A signed and dated original of the Authorization for Use and Disclosure of Health Information ([DHS 2099](#)). If employer-sponsored insurance, DMAP needs a completed [DHS 2099](#) for both the employer and the insurer. When completing the [DHS 2099](#), remember: Sections A & B require the policyholder's information.
- Section B—Include either individual or employer-sponsored insurance companies here (including COBRA) and the insurance company's address

- Section C should always list the DMAP PHI Coordinator's name and address as shown above
- Section D should be signed by the policyholder (or rep); add branch worker's name, agency and location

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### **Determining Cost-Effectiveness**

DMAP determines PHI premium payment cost-effectiveness by:

- Reviewing the clients past use of medical services under medical programs, third parties, and private insurance.
- Estimating the current and probable future health status of the client based on existing medical conditions or documentation.
- Evaluating the extent/limit of coverage available to the client under any health insurance policy, and the cost of the premium.

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### **Hearings**

Clients have the right to a hearing to dispute the use of PHI. All hearings comply with DHS hearings rules and procedures. Workers schedule pre-hearing conferences for DMAP. Hearings are held over the phone. Prior to the hearing, DMAP prepares and sends hearing summaries to the parties involved.

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### **PHI Forms**

The following forms are available on the DHS forms server.

- Premium Referral for Private Health Insurance (PHI) [DMAP 3073](#)
- Authorization for Use & Disclosure of Information [DHS 2099](#)

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### **Questions?**

Call the DMAP PHI Coordinator at 503-945-6562. Please do not give this number to clients who don't have a current open case file in the DMAP/PHI program.

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