



THE BENEFITS BULLETIN

“Serving our members and their families”

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Direct Member Reimbursement: What is it and how do I know if I need to use it?

If you use a participating or network provider, chances are you will never need to know what a Direct Member Reimbursement, or DMR, is; however, not all providers will submit claims for medical, pharmacy, vision or dental services for you, and you may need to submit a claim form and your receipt(s) for reimbursement.

Each of the OEBB carriers have a process and specific forms for requesting reimbursement of covered services. The process and the forms you'll need to use also depend on the type of coverage (e.g., there are separate forms for medical, pharmacy, dental and vision coverages through ODS Health Plan). Following is an overview of the DMR policies, processes and points to remember for the OEBB carriers:

I have a DMR for Kaiser Permanente. What do I do?

Members simply need to fill out claim form and fax it to the number at the top of the form. The claim form is here: <http://my.kp.org/nw/oebb>. The form is used for medical, pharmacy, dental and vision.

When a member pays a provider for covered medical services, and submits a claim to Kaiser for reimbursement, the account subscriber

will be reimbursed.

When no proof of payment is received with member submitted claims, claims under \$200 will be reimbursed without proof of payment when the service is approved under Urgent/Emergent and/or out of area protocols.

For foreign claims, billings for medical services provided outside the United States and U.S. territories (American Samoa, Guam, Commonwealth of Northern Mariana Islands, U.S. Virgin Islands, and Puerto Rico), credit card statements are acceptable as proof of payment by the member. Conversion to U.S. dollars is done by the credit card company.

When submitted, the amount charged to the member's credit card is accepted as the amount billed and paid for the service. A special review will accompany all foreign claims with charges of \$750 or more.

How do I submit a request for reimbursement under ODS pharmacy for Plans 3 through 8?

Complete the Prescription Drug Claim Form for MedImpact plans. Forms can be found online at www.odscompanies.com, through your myODS online account or by linking directly to the forms page at www.odscompanies.com/members/forms.

shtml.

Submit claim forms to:
The ODS Companies
Attn: Pharmacy
P.O. Box 40168
Portland, OR 97240-0168

How do I submit requests for reimbursement under ODS medical Plan 9?

As an OEBB member, as long as you use your ODS ID card at an OPDP participating pharmacy, you are not required to submit your receipts or a claim form to ODS for reimbursement. ODS will automatically track expenses that may accrue toward your deductible and out-of-pocket maximum, as well as reimburse you for eligible expenses under the prescription benefit. If you do not use your ID card or you fill your prescriptions at a non-participating pharmacy, you will be responsible for paying the cost of your medication and then submitting your request to ODS for reimbursement.

Follow these steps to request reimbursement:

Complete the Prescription Drug Claim Form for Major Medical plans. Forms are online at www.odscompanies.com, through your

myODS online account or by linking directly to the forms page at www.odscompanies.com/members/forms.



shtml.

Submit claim forms to:
The ODS Companies
Attn: Medical
P.O. Box 40384
Portland, OR 97240-0384

I have a DRM for ODS medical Plans 3 through 8. What do I do?

There is no form for reimbursement for the ODS Plans 3 through 8; however, members simply write to ODS with the following information: patient's name, identification number, and group ID number, date of treatment, diagnosis, and an itemized description of services and charges.

If the treatment is for an accidental injury, include a statement explaining the date, time, place, and circumstances of the accident when you send us the physician or professional provider's bill.

Am I required to submit the Prescription Drug Claim within a certain date span?

Yes. A claim must be submitted to ODS within 90 days after the date the medication was filled. If you fail to furnish a claim within the time required and it was not reasonably possible to submit the claim within those 90 days, your

claim may still be valid, provided it is submitted as soon as reasonably possible. In no event, except absence of legal capacity, is a claim valid if submitted later than one year from the date of fill.

I've obtained my medication while traveling in a foreign country; do I need to translate the receipt into English?

To ensure expeditious processing of your claims, please have your claims translated into English with specific services, charges, drugs and dosage documented.

I have a DMR for Willamette Dental. What do I do?

In the event of a Dental Emergency that requires the services of a non-participating dentist located outside of a fifty (50) mile radius of any Participating Provider office, the Willamette Dental will reimburse members or dependents up to \$100 for the cost of the services from non-participating dentist's services, less any co-pay amount, to the extent that such services would have been available under if the member or dependent had used a Participating Dentist.

In no event will the differential between cost-sharing amounts for the member or dependent exceed \$50 for Dental Emergency services provided by a nonparticipating versus a Participating Dentist. If, in the case of a Dental Emergency, the member or dependent uses a non-participating dentist, requests for benefits must be presented to the Willamette Dental in writing.

When a claim form is submitted,

it must be completely filled out and signed by the member or dependent and the non-participating dentist, and must be accompanied by an itemized statement from the dentist for his or her services.

Willamette Dental may request additional information from the dentist to process the request, including X-rays. Benefits or reimbursements will not be provided unless the requested information is received. All requests must be submitted within six (6) months of the date of service.

Dental ADA claim forms are filled out by the dentist providing treatment and are not supplied by the insurance company.

I have a DMR for Providence. What do I do?

For Providence, there are two basic types of member reimbursements -- pharmacy and alternative care. When a member has PHP as secondary coverage, you would submit a pharmacy receipt showing what the primary paid to the pharmacy department and Providence will send a check for the co-pay in about six weeks.

For alternative care claims, members should receive a print-out of the services rendered (provider tax id, diagnosis) which the member simply submits to the Providence claim address and you will be reimbursed directly for everything but the co-pay in about three to four weeks.

For flu shots, members simply submit the receipt and Providence will reimburse you the full amount.

Send receipts to:

Providence Health Plans
Customer Service
PO BOX 3125
Portland, OR 97208



Why Generics?

In most cases, generic prescriptions are just as effective as name brands.

The following information may help you save money on your medications now and on your health premiums in the future. One of the simplest ways to cut healthcare costs for yourself and all OEBB members is to use generic prescriptions whenever possible. If the information is helpful, talk to your doctor about the possibility of switching to a generic version of your current medication if one is available.

Did You Know ...

- Generic medications offer quality, safety, and effectiveness, at a significantly lower cost. Ask your doctor if there is a generic drug that would be appropriate to treat your medical condition. The chances are high that there may be something available for your use.
- New generic drugs are con-

tinually becoming available. If a generic version of your prescription is not available now, continue to ask your doctor or pharmacist at each visit if a generic is available.

- Generic medications are *FDA-approved and contain the same active ingredients as their brand-name counterparts. Always ask your doctor to write your prescription to allow for the use of a generic substitute.
- Splitting tablets (when safe and appropriate) may offer additional savings. Ask your doctor or pharmacist if cutting a higher strength tablet in half to get your daily dose of medication is a possible option for you. This reduces the total number of pills you purchase.

*FDA — Federal Food & Drug Administration. The information above was provided by the Oregon Prescription Drug Plan. For more information, visit www.oregon.gov/DAS/OHPPR/OPDP.

News and Notes

Here's a recap of some of the issues currently being discussed by the Oregon Educators Benefit Board:

- The Board will offer certain optional benefits in October 2009.
- The Board will offer basic and optional employee life, optional spouse and dependent life, optional AD&D, short- and long-term disability effective October 1, 2009.
- OEBB will not offer supplemental or individual life policies to replace the individual policies currently held by employees and paid for through payroll deductions in 2009 or 2010.
- The Board will continue conversations at its January 22 meeting on comparability of the benefits currently being offering to educational entity employees and will receive an update on the Request for Proposal for the new benefits.
- The Board is now discussing benefit design improvements for 2009-10 and beyond.



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Check us out on the Web:
www.oregon.gov/das/oebb

Official newsletter of the
Oregon Educators
Benefit Board

Carrier Contacts
Kaiser Permanente:
866-223-2375

ODS Health Plans:
866-923-0409

Providence Health Plans:
800-878-4445

Willamette Dental:
800-460-7644

Information to Remember ...

The following links will lead you to Web pages that you may find helpful if you'd like to learn more about the Board and the programs being offered.

Dependent Eligibility Rules:
<http://www.oregon.gov/DAS/OEBB/administrativerules>

Frequently Asked Questions:
<https://www.oregon.gov/DAS/OEBB/FAQ>

OEBB Web site:
<http://www.oregon.gov/DAS/OEBB>