

Medicaid Oregon Health Plan Information



Tooth Talk

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Summer Snacks

Raspberries, peaches, raw vegetables! The time of year is here to enjoy fresh, DIFFERENT kinds of foods. Kids love to eat fresh fruit in season, and like adults, welcome a change of pace. If made available, almost all children will naturally choose healthy, wholesome foods (like raw fruits and vegetables). Drinking pop with sugar and eating junk food (like chips) is learned. It does not have to be a struggle to get kids to eat healthier. The trick is to have juice in the frig instead of pop, popcorn and pretzels instead of potato-chips, and provide a VARIETY of easy to eat fruits and vegetables available and ready to grab.

Growing bodies need 5 to 9 servings from the fruit and vegetable group EVERY DAY! Helping children to eat these amounts can be a real challenge. Try an experiment! Quietly try something new. Wash some carrots, slice in sticks, and put on a plate (covered with clear wrap). See what happens. Or do the same with berries, cherries, slices of peaches, cantalope, or whatever. Whatever you do, avoid saying things like, "You HAVE TO eat this!" or "It's GOOD FOR YOU." Kids will be more co-operative if they feel what they eat is their idea too.

As a reminder, children need EVERY DAY: Milk Group: 2-3 servings per day. Teenagers need at least 4. Meat and protein Group: 2-3 servings per day. Grain Group: (Bread, Cereal, Rice, Pasta) at least 6 servings per day.

Sweet and fat snacks add calories without the needed vitamins and minerals. Fresh fruits and vegetables actually clean the teeth, and do not cause tooth decay like snacks such as candy, twinkies, and pop.

Summer is HERE! The blueberries are ALMOST RIPE!

This paper will present eligibility and service provision options under the Medicaid Oregon Health Plan for Indian Health Service (IHS) Facilities, tribal clinics, and the urban clinic. The reason for doing so is, "persons within the scope of the Indian Health Program, "have access to health care at any IHS facility, tribal clinic, or urban clinic in the State of Oregon. Eligibility will be addressed first. Service options will be discussed second along with comment on "deemed" Federally Qualified Health Center (FQHC) status.

OMAP recognizes the need to work with each facility and clinic separately. Looking at eligibility and service options from the system as a whole will be crucial to what each individual clinic and IHS facility decides is the best way to participate under the Oregon Health Plan—what works best for their tribal members, other "persons within the scope of the Indian Health Program," and for their communities. What follows is based on a government to government relationship with federally recognized tribes.

ELIGIBILITY

Native Americans/Alaskan Natives are eligible for Medicaid and the Oregon Health Plan based on the same criteria as any other citizen of the State. During Phase 1 (implementation of physical medicine services) those individuals who are eligible as new Oregon Health Plan eligibles (income up to 100% of poverty and up to age 65), ADC, PLM, and GA will receive the Oregon Health Plan benefit package or what is termed as the, "Basic Benefit Package." All other eligibles will receive "traditional" Medicaid services or the, "Standard Benefit Package" until Phase 2 (implementation of inclusion of the aged, blind, disabled, and foster care children) January 1, 1995 with federal approval of waivers.

The Basic Benefit package (OHP) will be provided across the majority of the state by a managed care system of fully capitated health plans (FCHP's), physician care organizations (PCOs) and Primary Care Case Managers (PCCMs). Native Americans or Alaskan Natives who are eligible for the Basic Benefit Package and have proof of Indian heritage for the purposes of being identified as a "person within the scope of the Indian Health Program," have a choice to participate, or not to participate in this managed care system. If they choose not to participate, they will receive their care on a fee-for-service basis from IHS facilities, tribal health clinics, or urban clinic and other health care providers within their community.

Native Americans or Alaskan Natives have the option to choose managed care, as it is offered in their community, or fee-for-service participation at the time of application. They do so by marking the box signifying American Indian/Alaskan Native status and attaching written proof of Indian heritage. This is done either at an outreach session in their community or when they receive and return their application by mail after calling the HealthChoice toll-free number 1-800-359-9517.

Individuals who normally rely on Contract Health Service to pay their private physician or other medical provider, either because of residing outside the reasonable commuting distance of an IHS/Tribal/Urban health clinic, or because the necessary

treatment is not available at a direct care facility, ARE REQUIRED TO APPLY FOR ALTERNATE RESOURCE COVERAGE if it is reasonable to expect coverage for care. When you call Siletz Tribal Health - Contract Health for pre-authorization you may be asked to apply and provide proof of determination of eligibility. Currently, we use employment status, family composition (i.e. single parent) or expected high cost treatment as criteria for referring persons to apply for alternate resource coverage.

HOWEVER! If you are determined eligible for the Oregon Health Plan, YOU WILL NOT BE REQUIRED TO SELECT A PRE-PAID HEALTH PLAN if you provide your proof of tribal enrollment, no matter where you live within the state. If you choose not to enroll on a pre-paid health plan, you can receive medical treatment from the provider of your choosing, as long as Medicaid is accepted as payment.

If you have already enrolled in the Oregon Health Plan, and were not informed of your options as an American Indian, you have the right to change your provider by contacting your Plan Administrator. If reasonable efforts fail, you can contact the Office of Medical Assistance Programs at (503) 945-5772

Tribal Health Department staff have made every attempt to keep abreast of the OHP volumes of regulations, advisory notices and guidelines. Please feel free to contact your Community Health Representative/Nurse, Contract Health Staff of the clinic billing department for further information.

Exercise Challenge

From: Linda Bennett, CHR

Congratulations to everyone who joined in on the Exercise Challenge. You're all winners, just for trying. And it was fun, wasn't it? The following people are the top winners, (two from each office) and their combined hours for the three month challenge.

Area	Name	Hours
Portland:	Jess Guardipee	105
	Mike Elwood	76
Siletz:	Carlotta Edenfield	47 1/2
	Dr. Richard Leman	38
Springfield:	Sandy Hodges	54
	Tom Staggs	43
Salem:	Sherry Williams	81
	Lova Sturgill	61 1/2

Thanks again to all of you and congratulations to everyone!

Do you have Diabetes?

You might if...

You've been overly tired lately for no apparent reason.
Someone in your family has a history of diabetes.
You are overweight and over 40.
You seem to be excessively thirsty.
You are urinating more frequently.
Bruises, cuts or infections take a longer than normal time to heal.

If more than a few of these signs seems familiar you may have good reason to see your doctor. Only your doctor can diagnose diabetes. In MANY cases, if the disease is caught in its early stages, treatment need not be complicated or expensive. Sometimes a change in diet may be all that's necessary. But first, be sure. See your doctor.