

## State Operated Community Program SOCP Action Request Memo

<b>Topic:</b>	<b>Other Incurred Medical expense tracking</b>	<b>Issue date:</b>	12/08/2010
<b>Related policy:</b>	Medical Expense deductions SPD-IM-06-015		
Action Requests (AR) - Action Requests are used to request action <b>by a given deadline</b> . They are time-sensitive and should be read and processed or assigned upon receipt.			

**Applies to:**       Prog. Managers                       Site Managers                       Cent. Office staff  
                           VOC/Day Services Manager

**Implementation date:**      12/08/2010

**FROM:**      Deanna Bathke, SOCP Director

**SUBJECT:** Other Incurred Medical (OIM) expenses / Client's affected

Deborah E.	Homer N.	William K.	Edward M.
Huey F.	Mark K.	James G.	Mary S.
Neto H.	Frank B.	Stan G.	Ian M.
James H.	Ann M.	Daniel M.	Marsha M.

The above clients receive one or more benefits (other than SSI) and pay a service contribution. DHS collects and tracks data using the eXPRS "Express Payment & Reporting System and information is also distributed to Disability Service Offices.

**ISSUE:** A recent DHS main office audit resulted in a lack of information/inconsistent data to reconcile SOCP accounts.

**PROCEDURE CHANGE:** Other Incurred Medical (OIM) expenses / documentation is to be submitted **ONLY** to Central Office. OIM expenses include: glasses, hearing aids, over-the-counter medications, etc.

**OIM "Forms" and clear "Receipt" copies are due directly to SOCP Central Office by December 18<sup>th</sup>**

- Submit through Shuttle Mail
- Due by the 18<sup>th</sup> of each month - to the attention of Barbara Cochran
- Barbara Cochran will submit collectively to DSO offices by 24<sup>th</sup> of each month

**OIM expenses can ONLY be deducted in the month they occur. Plan accordingly:**

- Medical bills received after 15<sup>th</sup> –pay 1st of following month
- Plan and purchase necessary OIM items by the 15<sup>th</sup>

**Attachments:** SOCP – OIM Worksheet 08/2010

**If you have questions about this information, contact:**

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## Request to Claim Medical Expense Deductions Worksheet

<b>Name:</b>	<b>DOB:</b>	<b>Prime #:</b>			
<b>Medicaid Worker/ID Code:</b>		<b>Medicaid Office Branch Code:</b>			
<b>Type of Medical Expense:</b> <i>Submit a separate worksheet for each type of medical expense checked.</i>					
<input type="checkbox"/> <b>MDC</b> – Medicare part D costs including prescription co-pays, costs for medications not covered by Medicare and the exception has been denied – include denial.					
<input type="checkbox"/> <b>OIM</b> –Other Incurred Medical costs: related to other medical expenses not covered by Medicaid, such as; glasses, hearing aids, over-the-counter medications, etc.					
<input type="checkbox"/> <b>OHI</b> – Other Health Insurance costs: related to other health insurance premiums that the person may pay such as premium amounts above Medicare Part D LIS limit.					
<b>Select:</b>					
<input type="checkbox"/> <b>Anticipated cost:</b> on-going each month and not expected to change. For example the monthly prescription co-pays for a med that the person gets every month. You need to submit anticipated cost claims only once a year or if there is a change.					
<b>Item</b>	<b>Cost</b>	<b>Item</b>	<b>Cost</b>	<b>Item</b>	<b>Cost</b>
<b>Total Anticipated Cost:</b>					\$
<input type="checkbox"/> <b>Intermittent Cost:</b> a cost that occur occasionally or infrequently. For example the cost of replacement glasses, co- pay for a short term medication, such as antibiotic etc.					
<b>Item</b>	<b>Cost</b>	<b>Item</b>	<b>Cost</b>	<b>Item</b>	<b>Cost</b>
<b>Total Intermittent Cost:</b>					\$
<b>Comments:</b>					
<i>Send work sheet and clear copies of receipts via Shuttle Mail to SOCP Central Office Barbara Cochran by the 18<sup>th</sup> of each month.</i>					