

410-121-0151 Pharmacy Payments During MMIS Conversion Week

(1) Providers verify new client eligibility as defined by clients who show no eligibility in the Point-of-Sale System (POS). During the specific dates of November 28, 2008 through December 8, 2008, otherwise known as "MMIS Conversion Week," DMAP providers will verify new client eligibility by means of one or more of the following:

(a) By retaining a photocopy of the client's December Medical Care ID (DMAP 1417 – old style, letter-sized) or Temporary Medical Care ID (DMAP 1086);

(b) By making a printout of the client's eligibility information from First Health's AIS Web site at: <https://oregon.fhsc.com/>. Specifically, providers will be required to capture the following data elements:

(i) The client's Prime Identification Number;

(ii) The Date of Service (DOS);

(iii) The client's Date of Birth (DOB);

(iv) The client's dates of eligibility;

(c) By calling one of the following entities and obtaining proof of eligibility by fax to the provider:

(A) First Health Services at: 800-344-9180;

(B) DMAP Client Services, during normal business hours at: 800-273-0557;

(C) DMAP Provider Services, during normal business hours at: 800-336-6016.

(2) Providers fill prescriptions:

(a) To ensure that clients receive needed prescriptions during the MMIS Conversion Week, providers will fill up to 30-day supply or the full Schedule II prescription for eligible clients not in the Point of Sale (POS) system.

(3) DMAP will reimburse providers for dispensing drugs on the service date and submitting the claims after Dec. 8, 2008, providing they adequately perform the services described in (1) through (2) of this rule, between November 28, 2008 and December 8, 2008; DMAP will reimburse only those pharmacies who are licensed to provide pharmacy services by the Oregon Board of Pharmacy on date(s) of service(s).

(4) This reimbursement mechanism does not apply to clients who are only eligible for Citizen Alien Waived Emergent Medical (CAWEM) benefits as CAWEM does provide prescription benefits.

Statutory Authority: ORS Stat. Auth.: ORS 409.010, 409.025, 409.040, 409.050, 409.110 & 414.065

Other Authority: None

Statutes Implemented: ORS 414.065

11-14-08 through 12/08/08 (T)

Important Information

Pharmacy Benefit Manager Conversion

Attention Pharmacies - Please read carefully.

This notice details upcoming changes affecting:

- How to process claims during the pharmacy benefit manager conversion.
- How to verify eligibility for OHP clients.
- The BIN and Processing Control Numbers pharmacies use to process OHP claims.

As part of the new MMIS, Electronic Data Systems (EDS) will take over for First Health as the pharmacy benefit manager (PBM), or claims processor, for the Oregon Health Plan (OHP) on Saturday, December 6.

PBM conversion: Nov. 28 - Dec. 8

From November 28 to December 8, new OHP clients will appear as “not eligible,” because the pharmacy point of sale (POS) system will not be updated during the PBM conversion. This will only affect an estimated 15 clients per day for the entire state. New clients will be added to the POS system on December 9.

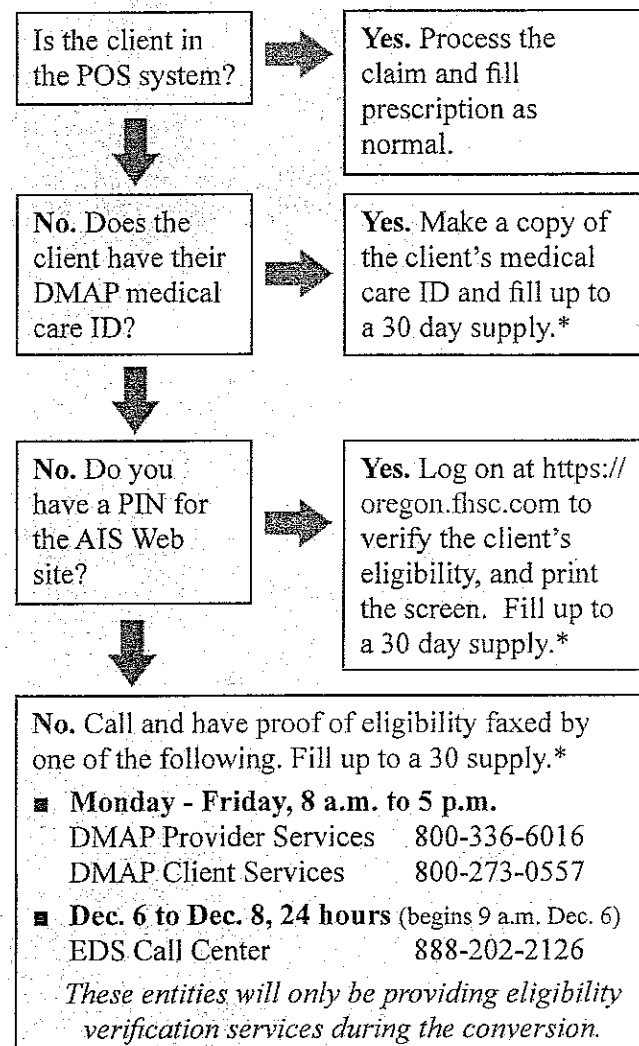
Verifying eligibility for guarantee of payment during conversion

If pharmacies can verify and provide proof of the new client’s eligibility, DMAP will guarantee payment for pharmacies to fill up to a 30-day supply, or the full Schedule II prescription, for new clients who are not in the POS system from November 28 to December 8. Pharmacies can use one of the following methods to verify eligibility:

- DMAP Medical Care ID
- First Health’s AIS Web site:
<https://oregon.fhsc.com>
- Faxed proof of eligibility (see flow chart)

Please note: The guarantee of payment does NOT apply to clients who are *only* eligible for the CAWEM benefit package. CAWEM does not cover prescriptions.

Processing claims during the PBM conversion: Nov. 28 - Dec. 8



*Or the full Schedule II prescription. Remember to keep proof of eligibility for guarantee of payment. **Hold the claim and bill on December 9.** For technical issues, call the First Health Help Desk at 800-344-9180 until 9 p.m. on December 5.

After Hours Verification: AIS Web site

Until the EDS call center comes online December 6, the AIS Web site will be the only way to verify eligibility after hours if a new client does not have their DMAP medical care ID. The site includes the client's ID number and date of birth, the date of service and the dates eligibility begins and ends.

Sign up today! Pharmacies have to sign up in advance to get a PIN number, and **the last day to request a PIN is November 14**. To register, visit the First Health Web site at <https://oregon.fhsc.com>. It takes three to four days to receive your PIN number through the mail.

Resolve problem claims now

Any outstanding claims in the current PBM system need to be resolved before the new system is installed. To avoid complications and further delays in payment, submit all outstanding claims now. Claims more than one year old must be sent to DMAP Provider Services. Be sure to include the following:

- Timely filing claim
- Letter explaining the problem
- Paper Remittance Advice (RA) or Pharmacy Billing Ledger

Send to:

Oregon Department Of Human Services
DMAP Provider Services
500 Summer St. NE, E44
Salem, OR 97301-1079

Last free MMIS pharmacy training

Sunday, November 2, 1 to 5 p.m., Salem

The Oregon Board of Pharmacy has approved this training for four hours of continuing education credit for pharmacists and technicians licensed in the State of Oregon.

Call DMAP Training at 503-945-6549 or register online at <https://dhslearn.hr.state.or.us>. Search for course # C00688.

New BIN and processor control numbers

Starting December 6, pharmacies will need to enter these new identification numbers for OHP fee-for-service claims.

- **ANSI BIN #:** 014203
- **Processor Control #:** ORDHSFFS

These numbers will connect to the new EDS PBM. Pharmacies will no longer need a group name.

NPIs will be required

Starting December 6, the prescriber field will require a prescriber National Provider Identifier (NPI). Pharmacy NPIs* and default provider numbers, such as 999999, will no longer be accepted.

Pharmacies can look up NPIs at the following Web site:

<https://nppes.cms.hhs.gov>

*Pharmacy NPIs will still be accepted when dispensing vaccinations and other instances specified by DMAP.

Early refills

In order to ease the workload of pharmacies during the PBM conversion, early refill edits will be suspended from November 14 through December 8. Please help existing customers avoid inconveniences by encouraging early refills before the conversion.

Questions?

- If you have any questions about this notice, please call the Provider Services Unit at 800-336-6016, Monday through Friday, 8 a.m. to 5 p.m.
- Pharmacy related questions can also be e-mailed to DMAP.Rxquestions@state.or.us.



DMAP CAPE
10/08 08-619



Pharmacy Technical Notice Billing Changes for Oregon Health Plan

Attention Pharmacies - Please read carefully.

On December 6, the Oregon Health Plan (OHP), also known as Oregon Medicaid (ORMED), is changing to a new pharmacy benefit manager (PBM) for processing point-of-sale claims. Pharmacies will need to enter these new identification numbers for OHP fee-for-service claims. Pharmacies will no longer need a group name. Claims sent to previous BIN will be denied.

December 6 — OHP FFS Claims

- ANSI BIN #: 014203
- Processor Control #: ORDHSFFS

Conduct VAN testing now

Please prepare for this change by contacting your software company and VAN (a.k.a. "switch") to ensure your systems have been configured for this change. The *NCPDP Pharmacy Payer Sheet* specifications are available online at <http://www.oregon.gov/DHS/edi/docs/ncpdp-ffs.pdf>.

Billing changes

Find the new billing instructions in the *NCPDP Pharmacy Payer Sheet* or the *Pharmacy Provider Manual* online at <http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rxmanual1208.pdf>. Major billing changes going into effect on Saturday, December 6, include:

- Patient information comes from the Insurance Segment, not the Patient Segment.
- Only Prescriber National Provider Identifiers (NPI) are accepted in the NCPDP field 411-DB. You can look up NPIs online at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome>.
- Submission Clarification Codes (NCPDP field 420-DK) can be used to override some common ProDUR edits (NCPDP Error – 88), including ER, PG Severity Level 1, ID and TD.
- OHP is always the payer of last resort; see coordination of benefit (COB) instructions.
- Compound Claims require 02 in NCPDP field 406-D6, 00 in 436-E1 and 0 or 0000000000 in field 407-D7. To accept partial payment and dispense a non-covered product as part of the compound, enter 08 in field 420-DK.
- To receive the long term care dispensing fee, enter 04 for the patient location code in NCPDP field 307-C7.
- To receive the 340b dispensing fee, enter 09 for the basis of cost code in NCPDP field 423-DN.
- Immunization Fees are linked to the dispensing of specific NDCs; no additional data entry is required.
- The new time limit for reversing claims through point-of-sale is the days supply plus 30 days. For example, prescriptions for 30 days supply can be reversed through point-of-sale up to 60 days from the date of service. After the time limit has expired, adjustments require an Individual Adjustment Request form (DMAP 1036). The form is online at <http://dhsforms.hr.state.or.us/Forms/Served/OE1036.pdf>. Helpful tips are available at http://www.oregon.gov/DHS/healthplan/tools_prov/tips/dmap1036inst-0407.pdf. For assistance, contact Provider Services at 800-336-6016.



DMAP CAPE
11/08 08-901



Pharmacies - Are you ready for the new MMIS? Attend free pharmacy training!

After December 6, pharmacy Point of Sale (POS) systems will no longer indicate which managed care plan to bill for OHP claims. The POS will only show "Deny: Bill managed care." The new DHS Medical Care ID cards will not have this information either. Will you know how to identify the correct managed care plan? Big changes are coming with the new MMIS. Make sure you're prepared. DHS is providing one final evening training created specifically for pharmacies.

**Tuesday, December 2, 6 to 9 p.m.
Legacy Meridian Park Hospital, Tualatin**

The Oregon Board of Pharmacy has approved this training for **four hours of continuing education credit** for pharmacists and technicians licensed in the state of Oregon.

Register today with the DHS Learning Center at <https://dhslearn.hr.state.or.us/>! Search for course C00688. For more information, go to the MMIS Web site at www.oregon.gov/DHS/mmis/training-info.shtml, or call DMAP Training at 503-945-6549.



DMAP CAPE 08-866



Oregon

Theodore R. Kulongoski, Governor

OREGON HEALTH PLAN (OHP) ELECTRONIC MEMORANDUM

Department of Human Services
Division of Medical Assistance Programs
500 Summer Street NE, E35
Salem, OR 97301-1079
Voice (503) 945-5772
Fax (503) 373-7689
TTY (503) 378-6791



Date: October 21, 2008
To: FCHPs, DCOs, MHOs, PCO
From: Tom van der Veen, DMAP Delivery Systems Manager
Re: MMIS-MCO Go-Live Calendar

Attached is the latest version of the MMIS-MCO Go Live Calendar (revised 10/21/08). It contains the following changes:

- Added December 15 - 1st date plans will see new enrollments
- Added November 14 - last 835 sent for managed care
- Added November 21 - last day to submit provider applications (DMAP 3108)
- Added November 21 - last weekly encounter status file

This calendar will also be on the MMIS-MCO Workgroup page at www.oregon.gov/DHS/mmis/mco/workgroup.shtml.

Thank you for your continuing support of the Oregon Health Plan.

"Assisting People to Become Independent, Healthy and Safe"
An Equal Opportunity Employer

MMS-MCO Go-Live Calendar

November 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					7	8
					Monthly capitation payment for Nov.	

SEPTEMBER 23 THROUGH DECEMBER 4, 2008 - STATEWIDE PROVIDER TRAINING
 Provider training schedule is on the Web at www.oregon.gov/DHS/mms/training-info.shtml

9	10	11	12	13	14	15
	DMAP mails providers advance postcard about PIN letters	Veterans Day Holiday	Last day to submit pharmacy encounters.	Last day to submit all other encounters, including MCR.	Last day for contract changes. This includes open or closes to new enrollment.	Last encounter claims processed; last 835 sent.

16	17	18	19	20	21	22
			Last weekly 834 created.	Last weekly 834 in mailbox.	Last MCR payments.	Last weekly 820 in mailbox.

					Last day to process provider applications (DMAP 3108)	
					Last weekly enc. status file	

23	24	25	26	27	28	29
	Last monthly 834 created.	Last monthly 834 in mailbox.		Thanksgiving Holiday	Monthly capitation payment for Dec.	First Health POS eligibility static (POS processing continues).

30						
	Last auto enrollment.	Service area transfers stop; all client MCO enrollment is frozen.			Last day to submit most EDI transactions (cut-off 2:30 p.m.; 270/271 batch process continues)	
	Monthly DMAP Medical IDs sent for December. (DHS will continue to send daily Medical IDs through Dec. 5.)	Last day to process DMAP 3108 forms. DHS mails PIN letters for AVR and Web Portal.			Last eligibility and PA updates to First Health POS.	

MMIS-MCO Go-Live Calendar

December 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5 - Final conversion First Health PBW/ POS shuts down 9:00 p.m. Last 270/271 sent	6 New EDS PBW/ POS goes live
7	8 Last day for First Health AIS eligibility verification (phone and Web)	9 - Go Live! AVR and Web portal available for eligibility verification	10	11	12 First weekly financial cycle First weekly 820 (p.m.)	13
14	15 First date plans will see new client enrollments	16	17	18	19	20
21	22	23	24	25 Christmas Holiday First monthly 834 roster for January (p.m.)	26 First monthly financial cycle First monthly 820 (p.m.)	27
28	29	30	31			