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**PERMANENT ADMINISTRATIVE RULES**

Oregon Health Authority, Division of Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
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Upon filing.	
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Effective date	

**RULE CAPTION**

Medicaid Prescription Drug Assistance for Fully Dual Eligible Medicare Part D Clients

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Not more than 15 words

**RULEMAKING ACTION**

**ADOPT:**

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**AMEND:**

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**REPEAL:** 410-121-0149

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**RENUMBER:**

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**AMEND & RENUMBER:**

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**Stat. Auth.:** ORS 413.042

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**Other Auth.:**

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**Stats. Implemented:** ORS 414.065

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**RULE SUMMARY**

OR 410-121-0149 was an emergency rule adopted in response to difficulties related to the roll-out of Medicare Part D. In January 2006, thousands of Oregonians who were dually eligible for Medicare and Medicaid were unable to fill

prescriptions because pharmacies could not confirm their Medicare Part D eligibility. OAR 410-121-0149 provided relief by allowing pharmacies to obtain DMAP reimbursement. The issues have since been resolved. This rule is being repealed as it is no longer needed.

Rhonda Busec                      Rhonda Busec                      8-25-14  
Authorized Signer                      Printed Name                      Date

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## RULE REPEALED

**410-121-0149**

### **Medicaid Temporary Prescription Drug Assistance for Fully Dual Eligible Medicare Part D Clients**

(1) This rule is a solution implemented because many pharmacies are not able to verify that the fully dual eligible client is enrolled in one of the federal Medicare prescription drug plans or that the client is eligible for low-income subsidy assistance. The Division shall continue to work with the federal Medicare program to resolve these implementation issues with Part D coverage.

(2) Effective January 14, 2006, for the purposes described in subsection (1), enrolled pharmacies may send the Division claims for Part D drugs and cost-sharing obligations of clients who have both Medicare and Medicaid coverage (fully dual eligible clients) if:

(a) The drug(s) was covered by the Division for fully dual eligible clients prior to January 1, 2006; and

(b) The pharmacy has attempted to bill Medicare's Part D system but cannot resolve the claim by:

(A) Continuing to bill the Medicare Part D plan as the primary payer identified through an E-1 query;

(B) Trying to resolve the issue with the Medicare Part D plan directly;

(C) Billing Medicare's Point-of-Sale Solution.

(3) If all the criteria in subsection (2) are met, then the Division shall consider paying the claim or a portion of the claim, as follows:

(a) The pharmacy must contact the Authority's Medicare Hotline at 1-877-585-0007 to obtain authorization for claim submission;

(b) The fully dual eligible client is responsible for paying the appropriate Medicare copayment;

(c) The Division's payment authorization shall be limited to not greater than a one-month supply; and

(d) The Division's reimbursement amount shall be limited to the amount the Part D drug plan would have paid, had the Part D drug plan adjudicated the claim first, or the amount the Division would pay for Medicaid clients who are not also Medicare beneficiaries.

(4) This rule supersedes all other rules relating to the limitations and exclusions of drug coverage for clients with Medicare Part D.

Stat. Auth. ORS 413.042

Statutes Implemented: ORS 414.065