

*Joan M. Kapowich*

**Authorized Signature:** Joan M. Kapowich

**Number:** OMAP-AR-04-001

**Issue Date:** 03/19/04

**Topic:** Medical Benefits

**Due Date:** 03/19/04

**Subject:** Home-delivery pharmacy services

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, OHMAS and OMAP transmittal lists |

**Action Required:**

In order to contain costs, we need your help in encouraging **fee-for-service** clients to use home-delivery pharmacy services whenever appropriate. We have informed providers of the service (see attached memo). Clients will receive Wellpartner (the DHS contractor) stuffers with their Medical Care IDs. Now we're asking you to keep reminding appropriate clients about the service. A sample Wellpartner poster and order form are also attached.

**Appropriate referrals are:**

- Fee-for-services (FFS) clients who take the same maintenance medications each month for ongoing conditions.
- FFS clients on a mental health (MH) stable medication regimen, once the client is taking the same medication on a long-term basis. Some managed care plan members are also eligible for MH drug home-delivery services. They should check with their plans. *Cost containment is crucial for MH drugs.*

**Benefits to clients:**

- **No copay** for **OHP Plus** clients. Copays still apply for clients with the Standard package.
- **3-month supply** instead of a one-month supply limit on most prescriptions.
- **FREE shipping**, delivered to the client's home or clinic within 8-10 days,

therefore no state-incurred transportation costs to go pick up medications.

- **It's easy to participate:**

The prescribing provider can fax new prescriptions to Wellpartner at 1-866-624-5797.

- or -

FFS clients can enroll themselves by calling 1-877-935-5797 toll-free.

Wellpartner customer service representatives are available Monday—Friday, 8 a.m.–5 p.m.

See more information on home-delivery prescription services on the [OMAP Web site](#).

**Reason for Action:**

The Legislature directed DHS to increase use of the mail-order (home-delivery) option in order to cut costs and assure access to the prescription benefit.

**Field/Stakeholder review:**     Yes     No

**If yes, reviewed by:**    **OMAP management, CAF representatives**

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Sharon K. Hill, OMAP Policy Analyst		
<b>Phone:</b>	503-945-6957	<b>Fax:</b>	503-373-7689
<b>E-mail:</b>	sharon.k.hill@state.or.us		



# Oregon

Theodore R. Kulongoski, Governor

**Department of Human Services**  
Health Services  
*Office of Medical Assistance Programs*  
500 Summer Street NE, E35  
Salem, OR 97301-1077  
**Voice (503) 945-5772**  
**FAX (503) 373-7689**  
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March 19, 2004

**To:** OHP Prescribing Practitioners



**From:** Joan M. Kapowich, Manager  
OMAP Program and Policy Section

**Subject:** Home-delivery pharmacy services

The 2003 Legislature directed OMAP to increase utilization of mail-order (home-delivery) pharmacy services by Oregon Health Plan (OHP) clients. Home delivery lowers the cost of prescription drugs to the state and preserves broad access to medications dispensed to clients with OHP open cards (i.e., fee-for-service, FFS).

We are eager for health care professionals to understand the value of this service and to encourage your OHP FFS patients to take advantage of it whenever appropriate. Individuals who take **maintenance medications** may be prime candidates for using home-delivery services to order prescription refills. We especially want to promote the service for clients on a **mental health (MH) stable medication regimen**. FFS and some managed care plan members are eligible for home-delivery of MH drugs.

OMAP's contract home-delivery pharmacy is Wellpartner (please see the attached poster for use in your office).

Home-delivery benefits:

- **No copay for OHP Plus clients.** OHP Plus clients enrolled as FFS can get medications without paying the prescription copayment when they choose this option. Copays still apply for OHP Standard FFS clients.
- **3-month supply of medications.** FFS clients who use the home-delivery prescription service are not limited to a one-month supply on most prescriptions.

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

- **Free shipping on home-delivery.** Clients do not have to leave home, nor incur state-sponsored transportation charges, to pick up prescription medications. The home-delivery prescription service delivers medications to a client's home address or clinic within 8-10 days.
- **Mental health drug coverage.** Home-delivery of certain mental health drugs is also available to clients enrolled in OHP managed care plans. *Cost-containment is crucial for mental health drugs.* Affected plan members should check with their health plan for coverage details. The OMAP Medical ID shows benefit package and plan enrollment information for each client.

### **Getting started**

Simply fax new prescriptions to Wellpartner at 1-866-624-5797.

-or-

Your OHP FFS patients may enroll themselves by calling Wellpartner toll-free at 1-877-935-5797.

Wellpartner customer service representatives are available Monday – Friday, 8:00 a.m.–5:00 p.m.

**Thank you for your support of this cost-saving program.**

# Use the OHP Home-Delivery Prescription Service

*Get up to a 3-month supply of medications when you order*



## ***This benefit is for any OHP fee-for-service client***

However, if you are in an OHP managed care plan, you may use this service for certain mental health drugs. Please check with your health plan.



## ***Your prescriptions delivered to your door***

It's easy. Your prescriptions are delivered to your home or local clinic within 8-10 days after you order. **Shipping is free.**



## ***If you are an OHP Plus client, you pay NOTHING for your medications***

OHP Standard clients must pay a small co-pay for each month of prescription drug dispensed.



## ***You can get up to a 3-month supply of your medications each time you order***

If you take prescriptions regularly to treat conditions such as high blood pressure, asthma, diabetes or other problems, you can get a 3-month supply.



## ***Switch to the OHP Home-Delivery Prescription Service today***

It's easy to use the OHP Home-Delivery Prescription Service. Just mail in the attached order form or call 1-877-935-5797.

### **TWO WAYS TO ORDER A REFILL:**

**1** Fill out the attached order form. Then mail it to:  
OHP Home-Delivery Prescription Service  
P.O. Box 5909  
Portland, OR 97228-5909

**2** Call 1-877-935-5797 today. Have your prescription numbers, and client prime number ready when you call.

**For New Prescriptions:** Have your doctor or healthcare provider fax them to 1-866-624-5797. (This phone number should only be used by your doctor or healthcare provider.)

### **Got questions about Home Delivery Service?**

Call 1-877-935-5797, Monday through Friday from 8 AM to 5 PM. The call is free.

### **Got questions about your OHP coverage?**

Call the OMAP Client Advisory Services Unit at 1-800-273-0557. The call is free.

This OHP Home-Delivery Prescription Service is provided by Wellpartner Pharmacy.



**Wellpartner**  
Your Personal Pharmacy



Patient Information	Prescription Insurance Information
Last Name _____	Medicaid Prime ID number _____
First Name _____ MI _____	OHP Benefit (choose one):
Date of Birth _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> OHP Standard <input type="checkbox"/> OHP Plus
Primary Prescriber _____	<i>OHP customers: Put your recipient number (found in field 11 on your OMAP Medical Care ID) in the field marked Medicaid Prime ID number. Your benefit package is found in field 9b on your OMAP Medical Care ID.</i>
Prescriber Phone # _____	
Medical Record # (if applicable) _____	
Payment Information	
<b>Allergies</b> (Check all that apply)	<input type="checkbox"/> Check enclosed <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order
<input type="checkbox"/> None known <input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Erythromycin <input type="checkbox"/> Penicillin <input type="checkbox"/> Morphine <input type="checkbox"/> Sulfa	Credit card number _____
Other _____	Expiration date _____
<b>Medical Conditions</b> (Check all that apply)	Name on card _____
<input type="checkbox"/> None known <input type="checkbox"/> Active Ulcer <input type="checkbox"/> Arthritis	Signature of cardholder _____
<input type="checkbox"/> Asthma <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Diabetes	
<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hypert thyroid	<b>Generic Preference</b>
<input type="checkbox"/> Hypothyroid <input type="checkbox"/> Kidney Disorder <input type="checkbox"/> Liver disorder	See reverse side for our generic policy.
Other _____	Generics OK? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Note: Checking no may result in higher prices or copays. Some plans require prescriptions to be filled using a generic alternative. In all cases, we will conform to your plan's limitations.</i>
Shipping Information	
<input type="checkbox"/> Permanent address <input type="checkbox"/> Address for this order only	<b>Safety Cap Preference</b>
Address _____	Federal Law requires us to dispense your medication with a child-resistant cap. If you do NOT want to receive your medications with child-resistant caps, please sign below.
City _____ State _____ Zip _____	Signed _____
Daytime Phone _____	
E-mail Address _____	

Prescription Items (new, refill & transfer)					
(For transfers) Pharmacy Name & Phone number	Prescriber Name & Phone number	Rx #	Medication Name & Strength	Qty.	Price/Copay
1					
2					
3					
4					

Non-Prescription Items				
Item #	Item Description	Qty.	Price Each	Total Price
	<i>Shipping Charge (see reverse for shipping charge information):</i>			
	<b>TOTAL AMOUNT OF ORDER:</b>			

Please complete this form and return it to the address below.  
 Be sure to enclose your original prescription(s) along with your check, money order or charge information.  
 1-877-WELLRXS (1-877-935-5797) toll-free or 503-450-0506 (in Portland) www.wellpartner.com

