

Jean Phillips, Deputy Administrator

Authorized Signature

Number: DMAP-IM-08-001

Issue Date: 1/4/08

Topic: Medical Benefits

Subject: Client announcement: Assignment to Pharmacy Management Program

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--SPD, CAF, AMH, DMAP |

Message:

Beginning in January 2008, DMAP will assign selected OHP clients to the Pharmacy Management Program based on safety concerns over their drug use. The following form letter will inform them of why they are in the program, the pharmacy or chain they must use, and their appeal rights.

If you have any questions about this information, contact:

Contact(s):	OHP Client Services		
Phone:	1-800-273-0557		



Oregon

Theodore R. Kulongoski, Governor

Department of Human Services
Division of Medical Assistance Programs
500 Summer Street NE
Salem, OR 97301-1079
Voice 503-945-5772
Toll-free 800-527-5772

January 4, 2008

To: Client ABC
123 Street
City, OR 97000

**SAMPLE
form letter**



Notice of Assignment to the OHP Pharmacy Management Program

Effective the first of next month, the Division of Medical Assistance Programs (DMAP) will put you into the Pharmacy Management Program for the next 18 months. That means you must fill your prescriptions at XYZ pharmacy if you want the Oregon Health Plan (OHP) to pay for your prescriptions.

Based on safety concerns over your prescription use, DMAP assigned you to the OHP Pharmacy Management Program because you:

- Used three or more pharmacies during the prior six months;
- Use multiple prescribers to obtain prescriptions of the same or comparable medications;
- Have altered a prescription; or
- Exhibit patterns of prescription drug use involving the drug use review factors listed in ORS 414.360 (a) through (h), as those terms are defined in ORS 414.350.

Exemptions

Some clients are exempt from placement in the pharmacy management program. They are:

- ▶ In an OHP managed care plan, or
- ▶ Covered by Medicare Part D, or
- ▶ A child in state custody, or
- ▶ An inpatient or resident in a hospital, nursing facility or other medical facility.

Our records show you are not exempt.

Your assigned pharmacy

DMAP chose the pharmacy named above because you have recently filled most of your OHP prescriptions there. You may change your assigned pharmacy by calling the DMAP Client Services Unit (CSU) within 45 days from the date of this letter. CSU's number is 800-273-0557. Besides the pharmacy named above, you may also use the OHP home-delivery services. Call Wellpartner, 1-877-935-5797, for more information about mail-order prescriptions.

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Hearing Rights

If you do not agree with this decision, you may request a hearing through your local Department of Human Services branch office. They can help you fill out the Administrative Hearings Request form (DHS 443). You must file your request for a hearing within 45 days from the date of this letter. You can find additional information about the hearing on the attached Notice of Hearing Rights form (DMAP 3030).

This notice is based on Oregon Administrative Rule 410-121-0135. See also OAR 410-120-1855 Client Rights and Responsibilities, 410-120-1860 Client Appeals and 410-120-1865 Denial, Reduction or Termination of Services.

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NOTICE OF HEARING RIGHTS

If you do not agree with a decision made on your request for OHP/Medicaid services, you have the right to ask for a hearing. You may ask for a hearing through any local DHS branch office. If you do not have a caseworker/case manager, contact OHP Central at 1-800-699-9075, or TTY (503) 373-0354.

At the hearing, you can explain why you do not agree with the decision made in your case. You can have a lawyer or someone else assist you with the hearing. We cannot pay for the cost of a lawyer; however, you may be able to get a lawyer for free by contacting Legal Aid. The hearing will be held before an impartial person called an Administrative Law Judge (ORS Chapter 183).

If you are enrolled in a managed health care plan or dental plan, you may only request a hearing after you have appealed the decision with your plan. If you are not satisfied with the outcome of that appeal, you may then request an DMAP hearing by completing an Administrative Hearing Request form (DHS 443) and returning it to DMAP or any local DHS branch office **WITHIN 45 DAYS** from the date of Notice of Appeal Resolution. Please include a copy of the Notice of Appeal Resolution when submitting your request for hearing.

If you are an open card (fee-for-service) client: You may request an DMAP hearing by completing an Administrative Hearing Request form (DHS 443) and returning it to DMAP or any local DHS branch office **WITHIN 45 DAYS** from the date of the decision notice. If you want your benefits to remain the same while waiting for the outcome of the hearing, you must submit the completed DHS 443 form by the date of action or **WITHIN 10 DAYS** of the date of the decision notice. If the hearing decision is in favor of the agency, you may then have to repay the cost of continued health services. Please include a copy of the decision notice when submitting your request for hearing.

If you have an urgent medical problem that cannot wait for a regular hearing: You can ask for an “Expedited Fair Hearing.” The DMAP Medical Director will review your medical records and decide if your medical problem cannot wait for the regular hearing process.

Hearing Request forms may be sent to:

Division of Medical Assistance Programs
Attention: Hearings Unit
500 Summer St NE, E 49
Salem OR 97301-1079