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Research, Education and Development

Authorized Signature

Number: DMAP IM-09-005  
Issue Date: 01/16/2009

Topic: Medical Benefits

Subject: 1. Clients having problems accessing services  
2. New protocols for filling prescriptions

**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, AMH and DMAP transmittal lists |

**Message** DMAP is aware that some OHP clients are having problems accessing health care services and prescription drugs. The problem affects clients enrolled in managed care plans as well as fee-for-service (“open card”) clients.

The following table shows who to call or refer clients to for these kinds of issues:

Service Access	Issue	Contact
Fee-for-service	Getting prescriptions filled – client contacts worker	DMAP Client Services Unit – 800-273-0557 <i>The worker may tell the client to call CSU directly.</i>
Fee-for-service	Filling prescriptions – pharmacist contacts worker	DMAP Client Services Unit – email <b>all</b> listed: Donna Metzger Judy Calvo Brenda Hayden cc: Kristine Kersine <i>The worker should make this contact.</i>
Client is enrolled in a managed care plan	Client needs help getting a prescription filled or receiving health care services	The appropriate PHP Coordinator from the MMIS Contact List* <i>The worker should make this contact.</i>

Available at: [http://www.dhs.state.or.us/training/caf\\_ss\\_medical/index.htm](http://www.dhs.state.or.us/training/caf_ss_medical/index.htm)

## Eligibility verification tools for providers

Providers should use the MMIS web portal or AVR to verify eligibility. If a provider calls, instruct them to verify the client's eligibility using MMIS. They may also call DMAP's Provider Services Unit at:

- [dmap.providerservices@state.or.us](mailto:dmap.providerservices@state.or.us), or
- 800-336-6016, Monday through Friday, 8:00 a.m. to 5:00 p.m.

## ***Prescription issues***

At this time, newly enrolled OHP clients may not be entered into their managed care plan's pharmacy point-of-sale system. DMAP sent the notice that follows this transmittal to pharmacies on January 9. The notice gives pharmacies temporary protocols to use if they have problems getting approval to dispense and bill for prescription drugs.

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

<b>Contact(s):</b>	See table on front page		
<b>Phone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			



# Oregon

Theodore R. Kulongoski, Governor

**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**

January 9, 2009

To: DMAP Pharmacy Providers

From: Jim Edge, Administrator   
Division of Medical Assistance Programs, DHS



Subject: Temporary processes to use when identifying OHP plan enrollment

The Department of Human Services is aware that clients are having problems receiving needed medications. This stems from an inability to provide managed care plans with current files of their enrolled members. Without this information, the plans' point-of-sale systems may deny pharmacy claims inappropriately.

It is important that OHP clients receive their covered medications. For this reason, the following protocols will be in place until this issue is resolved.

### Temporary protocols

Situation	Protocol
A pharmacy submits a prescription through the DHS point-of-sale system and the system denies with the message: <i>Denied – bill Managed Care. If client/plan unknown, call EDS at 888-202-2126 for resolution</i>	The pharmacy should contact EDS if they do not know the managed care plan the client is enrolled in.
During regular business hours ( <i>Mon-Fri, 8-5</i> ) the plan's PBM system denies the prescription because of enrollment.	The pharmacy should follow the plan's resolution process. If the process is not known, the pharmacy should contact the plan
During <b>non</b> -business hours the plan's PBM system denies the prescription because of enrollment.	The pharmacy should contact the EDS Service Desk for resolution.

If, after following the temporary protocols outlined in this letter, you continue to have problems getting prescriptions approved for payment, please contact DMAP directly at 503-947-1195 and staff will work with you to resolve your issues.

DMAP is working hard to resolve transitional issues that have arisen as we move from our old payment system to the new Medicaid Management Information System (MMIS). I apologize for the confusion and inconvenience this has caused and thank you again for your patience and for the invaluable service you provide to our clients.

Look at the back of this letter for a flowchart of the temporary protocols.

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## Workaround for prescription drugs

