

OFFICE OF THE SECRETARY OF STATE

LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

PERMANENT ADMINISTRATIVE ORDER

DMAP 137-2024

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

11/20/2024 11:59 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Amending Rules to Update Dispensing Fees Based on Recommendations from Cost to Dispense Survey.

EFFECTIVE DATE: 12/01/2024

AGENCY APPROVED DATE: 11/18/2024

CONTACT: Martha Martinez-Camacho
503-559-0830
hsd.rules@oha.oregon.gov

500 Summer Street NE
Salem, OR 97301

Filed By:
Martha Martinez-Camacho
Rules Coordinator

AMEND: 410-121-0160

NOTICE FILED DATE: 09/30/2024

RULE SUMMARY: In compliance with SB 608, the Oregon Health Authority conducted a pharmacy cost-of-dispensing survey to update dispensing fees for enrolled pharmacy providers. The updated fees reflect the survey's recommendations.

CHANGES TO RULE:

410-121-0160

Dispensing Fees ¶

(1) ~~Effective January 1, 2018, professional dispensing fees allowable for services shall be reimbursed as follows:¶~~

~~(a) All enrolled chain-affiliated pharmacies with ten or more pharmacies under common ownership shall be reimbursed at a rate of \$9.80 per claim. A "chain-affiliated pharmacy" shall be defined as a pharmacy that is part of a group of pharmacies under common ownership and does not include fully independent pharmacies or franchise pharmacies;¶~~

~~(b) Independently owned pharmacies in communities that are the only enrolled pharmacy within a fifteen (15) mile radius from another pharmacy shall be reimbursed at a dispensing fee of \$14.30 per claim; that are reimbursed according to the IHS All-Inclusive Rate (AIR) methodology as described in OAR 410-146-0200.¶~~

(2) Effective December 1, 2024, professional dispensing fees allowable for services shall be reimbursed as follows:¶

~~(a) All 340B pharmacies operated by a 340B covered entity shall be reimbursed at a rate of \$14.30 per claim;¶~~

~~(b) All other enrolled independently owned pharmacies excluding those in 410-121-0160(b) and (c) Except as described in OAR 410-121-0160(2)(c), all other enrolled pharmacies shall be reimbursed based on an the individual pharmacy's annual claims volume as follows:¶~~

~~(A) Less than 340,000 claims a year = \$14.30 ("lowest volume tier") = \$16.87;¶~~

~~(B) Between 340,000 and 679,999 claims per year = \$11.94;¶~~

~~(C) 780,000 or more claims per year = \$9.80.¶~~

~~(2) All Division enrolled independent pharmacies ("highest volume tier") = \$9.99¶~~

(c) Critical Access Pharmacy (CAP) as defined in OAR 431-121-2000(4) shall be reimbursed at the lowest volume

tier regardless of volume. The Division shall apply the CAP designation according to the most recently posted quarterly assessment. ¶

(3) All Division enrolled pharmacies subject to this rule shall be required to complete an annual survey that collects claim volumes from enrolled pharmacies and other information from the previous ~~12~~-twelve (12) month period to determine the appropriate dispensing fee reimbursement:¶

(a) Claims volume shall be stated by total ~~OHP~~Oregon Health Plan (OHP) covered prescriptions and claims from all payer types;¶

(b) Survey activities shall be conducted by either the Division or its contractor and must be completed and returned by pharmacies within fourteen (14) days of receipt;¶

(c) Completed surveys must be signed with a letter of attestation by the store owner or majority owner;¶

(d) Pharmacies ~~other than IHS or Tribal pharmacies~~, that fail to respond to the survey or do not include the letter of attestation shall default to the ~~lowest dispensing~~highest volume tier;¶

(e) Once a volume-based tier is established for a calendar year, the pharmacy's dispensing fee shall remain in that tier until the next annual claims volume survey is conducted;¶

(f) Newly enrolled 340B pharmacies shall be reimbursed at a rate of ~~\$14.30~~\$20.86 per claim. All other ~~independent~~ pharmacies shall be defaulted to the ~~lowest dispensing~~highest volume tier until the next claims volume survey is conducted.¶

~~(3) All chain-affiliated pharmacies shall be exempt from completing the annual claims volume survey.~~¶

[Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 413.042, 414.065

Statutes/Other Implemented: ORS 414.065