

Information about Hospital Presumptive Eligibility for Oregon Health Plan pharmacies

As permitted by the Affordable Care Act, hospitals statewide are now approving individuals for temporary OHP Plus coverage through the Hospital Presumptive Eligibility (HPE) process.

- Approved individuals are immediately issued an *Approval Notice for Temporary Oregon Health Plan Coverage* (OHP 3263A) that confirms they are eligible for temporary, fee-for-service (FFS) coverage.
- This coverage is effective immediately. However, their coverage will not be available in the Oregon Health Authority's (OHA) FFS point of sale system for 5 to 7 days.

This fact sheet explains how Oregon Health Plan (OHP) pharmacies can fill prescriptions for these individuals between the time of their coverage approval and the time their eligibility information is available in the FFS point of sale system.

What is covered:

Once approved, the temporary OHP coverage pays for medical services and prescriptions for at least thirty (30) days.

OHA will provide payment as follows:

OHA will guarantee payment for covered prescriptions for individuals who present the *Approval Notice for Temporary Oregon Health Plan Coverage* (OHP 3263A) as proof of eligibility, but who are not yet in OHA's point of sale system.

What pharmacies should do:

- Please accept the *Approval Notice* as proof of OHP eligibility.
- Please call the Oregon Pharmacy Call Center at 888-202-2126. Call center staff will assist with reimbursement and troubleshooting.
- At a minimum, please dispense a 96-hour supply and wait to bill OHA. This should be possible within 5-7 days. To facilitate billing, an Oregon Pharmacy Call Center technician can monitor eligibility and notify you when the client is entered in the system.
- Please retain a copy of the member's *Approval Notice* as proof of eligibility.

The Approval Notice includes the individual's full name and date of birth (DOB). You can check the Provider Web Portal at <https://www.or-medicaid.gov> by Last Name, First Name and DOB to see if an individual has been issued an Oregon Medicaid ID number.

Questions?

- **About pharmacy point of sale and prior authorizations:** Call the Oregon Pharmacy Call Center at 1-888-202-2126.
- **About the Provider Web Portal:** Call the Provider Services Unit at 800-336-6016, Monday through Friday.

Fee-for-service (FFS) pharmacy process for Hospital Presumptive Eligibility

1. Pharmacy identifies HPE issue

- Client presents Approval Notice for Temporary OHP Coverage.
- Pharmacy cannot find client in POS system.
- Pharmacy photocopies Approval Notice and calls the Oregon Pharmacy Call Center.



2. Call Center screens for unusual delay

- Call Center confirms client is not yet entered in MMIS.
- If Approval Notice is more than 7 days old, the Call Center contacts the HPE Team at hospital.presumptive@dhsosha.state.or.us.



3. Call Center identifies PA stumbling blocks

- **For non-preferred drugs**, pharmacy asks doctor to consider the preferred alternative. If the provider is not willing to switch, the pharmacy dispenses emergency 96-hour supply.
- **For drugs that require PA**, the pharmacy dispenses emergency 96-hour supply.
- **For any other drugs covered by FFS OHP**, the pharmacy fully dispenses as prescribed. If pharmacy refuses, Call Center encourages the pharmacy to dispense an emergency 96-hour supply.



4. Call Center monitoring

- Call center checks MMIS at least every other day for client eligibility status.
- **If client is still not in system within 7 days of Approval Date**, Call Center notifies the HPE Team.
- **When client appears in system**, the Call Center:
 - Creates a PA for any non-preferred drugs or drugs that require PA, if dispensed in Step 3, and
 - Notifies pharmacy that it is now appropriate to submit the claim.



5. Pharmacy submits claim

- If the pharmacy dispensed a 96-hour supply of a non-preferred drug or a drug requiring PA, the pharmacy must wait for the Call Center to create the PA before billing.