DHS Oregon Department of Human Services

Health Services
Office of Medical Assistance Programs

Information Memorandum Transmittal

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OMAP Program and Policy Section
Authorized Signature

Number: OMAP-IM-05-019
Issue Date: 3/01/2005

Topic: Medical Benefits

Subject: Medical ID stuffer: Wellpartner Home-Delivery Prescription Service

Applies to (check all that apply):

- ☐ All DHS employees
- ☐ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☐ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☐ Seniors and People with Disabilities
- ☒ Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists

Message: OMAP once again enclosed a brochure with the March Medical IDs encouraging use of the Wellpartner Home-Delivery Prescription Service. This is a money-saving measure for the state, and a matter of convenience for clients. Please encourage client participation.

If you have any questions about this information, contact:

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

Use the OHP Home-Delivery Prescription Service.

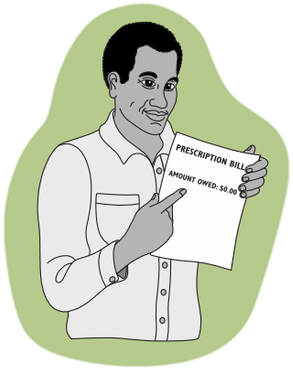
Pay NOTHING for your prescriptions and get them delivered to your home.

This benefit is for any OHP fee-for-service client.

However, if you are signed up in an OHP managed care plan, you may use this service to order mental health drugs. Please check with your health plan.

Your prescriptions are delivered to your door.

It's easy. Your prescriptions are delivered to your home or local clinic within 7-10 days after you order. **Shipping is free**.



You pay NOTHING for your prescriptions.

There are no prescription copayments for OHP fee-for-service clients who use this home-delivery service.

You can get up to a 3-month supply of your prescriptions each time you order.

If you take prescriptions regularly to treat high blood pressure, asthma, diabetes or other ongoing health-related problems, you can get a 3-month supply each time you order.

Switch to the OHP Home-Delivery Prescription Service today.

It's easy to use the OHP Home-Delivery Prescription Service. Just call 1-877-935-5797, or mail a completed order form. Order forms are available from local DHS branches or on the Internet at http://www.wellpartner.com/orderforms.

TWO WAYS TO ORDER A REFILL:

❶ **Complete and mail in an order form**. Order forms are available from local DHS branches or on the Internet at http://www.wellpartner.com/orderforms.

Mail completed order forms to:
OHP Home-Delivery Prescription Service
P.O. Box 5909
Portland, OR 97228-5909

❷ **Call 1-877-935-5797 to order.** Have your prescription numbers ready when you call.

For New Prescriptions: Have your doctor or healthcare provider fax them to 1-866-624-5797. (Only your doctor or healthcare provider should use this phone number.)

Got questions about Home Delivery Service?
Call 1-877-935-5797, Monday - Friday from 8:00 a.m. to 5:00 p.m. 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.

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Pay Nothing For Prescriptions!

Use Your OHP Mail Order Program and Get Your Prescription Drugs Delivered to Your Home for Free.

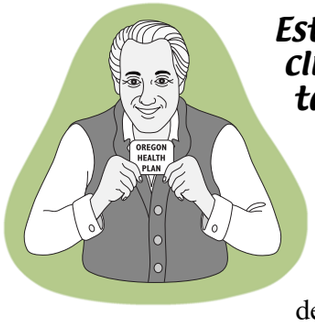
Wellpartner Pharmacy provides this OHP Home-Delivery Prescription Service.

Wellpartner®
Your Personal Pharmacy

phone: 1-877-935-5797 web: www.wellpartner.com

Use el servicio de entrega de medicamentos a domicilio del OHP.

Reciba a domicilio sus medicamentos recetados sin pagar NADA.

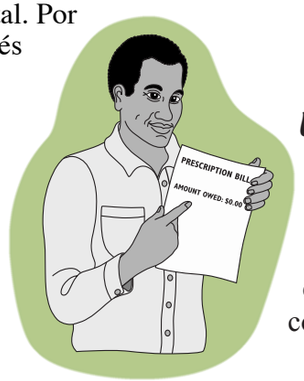


Este beneficio es para cualquier cliente del OHP que paga una tarifa para recibir servicios.

Si usted está inscripto en un plan de atención administrada del OHP, puede usar este servicio para hacer pedidos de drogas de salud mental. Por favor verifique esto a través de su plan de salud.

Sus medicamentos recetados se entregan a domicilio.

Es fácil. Usted recibe sus medicamentos en su casa o en su clínica local 7 a 10 días después de hacer el pedido. **El envío es gratuito**.



Usted no paga NADA por sus medicamentos.

Los clientes del OHP que pagan una tarifa para recibir servicios y usan este servicio de entrega a domicilio no tienen que hacer copagos para medicamentos recetados.

Usted puede recibir la cantidad necesaria para tres meses cada vez que hace un pedido.

Si usted toma medicamentos de receta regularmente para el tratamiento de presión sanguínea alta, asma, diabetes u otros problemas de salud crónicos, puede recibir la cantidad de medicamento necesaria para tres meses cada vez que hace un pedido.

Pásese hoy mismo al servicio de entrega de medicamentos a domicilio del OHP.

Este servicio es fácil de usar. Simplemente llame al 1-877-935-5797, o llene un formulario de pedido y envíelo por correo. Los formularios de pedido están disponibles en las oficinas de DHS o en la Internet en http://www.wellpartner.com/orderforms.

DOS FORMAS DE VOLVER A PEDIR UN MEDICAMENTO:

❶ **Llene un formulario de pedido.** Éstos se consiguen en las oficinas de DHS o en la Internet en http://www.wellpartner.com/orderforms.

Envíelo a:
OHP Home-Delivery Prescription Service
P.O. Box 5909
Portland, OR 97228-5909

❷ **Llame hoy mismo al 1-877-935-5797.** Tenga listos los números de sus medicamentos cuando llame.

Para medicamentos nuevos: Pídale a su médico o proveedor de atención de la salud que envíe la información por fax al 1-866-624-5797. (Este número sólo puede ser usado por su médico o proveedor de atención de la salud.)

¿Preguntas sobre el servicio de entrega a domicilio? Llame al 1-877-935-5797 de lunes a viernes de 8 a.m. a 5 p.m. La llamada es gratuita.

¿Preguntas sobre su cobertura del OHP? Llame a la Unidad de Servicios de Asesoramiento para Clientes de OMAP al 1-800-273-0557. La llamada es gratuita.

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¡Reciba sus medicamentos de receta gratis!

Use su Programa de Pedido por Correo del OHP y reciba sus medicamentos recetados a domicilio sin cargo.

La Farmacia Wellpartner ofrece este servicio de entrega gratuita de medicamentos de receta a domicilio para el OHP.

Wellpartner®
Your Personal Pharmacy

Oregon HEALTH PLAN

Patient Information

Last Name _____

First Name _____ MI _____

Date of Birth _____ ☐ Male ☐ Female

Primary Prescriber _____

Prescriber Phone # _____

Medical Record # (if applicable) _____

Allergies (Check all that apply)

☐ None known ☐ Aspirin ☐ Codeine

☐ Erythromycin ☐ Penicillin ☐ Morphine ☐ Sulfa

Other _____

Medical Conditions (Check all that apply)

☐ None known ☐ Active Ulcer ☐ Arthritis

☐ Asthma ☐ Congestive Heart Failure ☐ Diabetes

☐ High Blood Pressure ☐ Hyperthyroid

☐ Hypothyroid ☐ Kidney Disorder ☐ Liver disorder

Other _____

Shipping Information

☐ Permanent address ☐ Address for this order only

Address _____

_____

City _____ State _____ Zip _____

Daytime Phone _____

E-mail Address _____

Prescription Insurance Information

Medicaid Prime ID number _____

OHP Benefit (choose one):

☐ OHP Standard ☐ OHP Plus

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.*

Payment Information

☐ Check enclosed ☐ Credit card ☐ Money Order

☐ DISCOVER NOVUS ☐ VISA ☐ MasterCard ☐ Cards

Credit card number _____

Expiration date _____

Name on card _____

Signature of cardholder _____

Generic Preference

See reverse side for our generic policy.

Generics OK? ☐ Yes ☐ No

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.*

Safety Cap Preference

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.

Signed _____

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
	Shipping Charge (see reverse for shipping charge information):			
	TOTAL AMOUNT OF ORDER:			

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.

ⓜ **Wellpartner, P.O. Box 5909, Portland, OR 97228-5909**
ⓟ 1-877-WELLRXS (1-877-935-5797) toll-free or 503-450-0606 (in Portland) ⓦ www.wellpartner.com

Wellpartner
Your Personal Pharmacy