

Jean Phillips, Deputy Administrator
Division of Medical Assistance Programs

Authorized Signature

Number: DMAP-IM-08-147

Issue Date: 10/21/2008

Topic: Medical Benefits

Subject: Staff announcement: Pharmacy benefit manager conversion "cheat sheet"

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): DMAP Staff |

Message:

The following "cheat sheet" was created for DMAP staff to use if they receive any calls from pharmacies or clients who need help verifying client eligibility during the pharmacy benefit manager (PBM) conversion.

To learn more about the PBM conversion, read the provider announcement at this Web address: <http://www.dhs.state.or.us/policy/healthplan/transmit/im/2008/im08146.pdf>

If you have any questions about this information, contact:

Contact(s): Ralph Magrish, Pharmacy Program Manager

E-mail: Ralph.M.Magrish@state.or.us

Pharmacy Benefit Manager Conversion

PSU & CSU Call Center Cheat Sheet for December 1 - 8

December 1 through 8, pharmacies and clients may be calling DMAP for help verifying client eligibility during the pharmacy benefit manager (PBM) conversion. **Staff will need to know the following information.**

December				
Mon	Tue	Wed	Thu	Fri
1	2	3	4	5
8	New MMIS Live...			

As part of the new MMIS, EDS will be replacing First Health as the PBM for OHP. During the conversion, November 28 to December 8, the PBM will not be updated with new information. **This means new clients, determined eligible after November 28, will appear as “not eligible” in the point of sale (POS) system.** This will only affect an estimated 15 clients per day for the entire state; however, we want to make sure these clients get their medication.

During the conversion, DMAP will guarantee payment for pharmacies to fill up to a 30-day supply, or the full schedule II prescription, for new clients who appear “not eligible” in the POS if the pharmacies can verify and provide proof of eligibility on the date of service. This is where clients and pharmacies may need your assistance. Use the instructions on the other side to guide you through this process.

How the POS and PBM work together



Point of Sale (POS)

Pharmacies use point of sale systems to verify eligibility and process claims. POS systems connect to various PBMs to carry out these procedures.



Pharmacy Benefit Manager (PBM)

A pharmacy benefit manager is a third party administrator for processing prescription claims. First Health is the current PBM for OHP fee-for-service clients. EDS will take over on Dec. 6.



real time



every evening



The PBM is updated with new client information from MMIS every evening.

When an OHP client goes to fill a prescription, the pharmacy enters the client’s information into the POS. The POS connects to the PBM which checks the client’s information. The POS then indicates whether the client is eligible or not eligible. If the client is eligible, the claim is processed automatically and is either approved or denied according to DMAP rules.

Dec. 9 and after

After the new MMIS “goes live” on December 9, the new EDS PBM will be updated with complete eligibility information, including clients determined eligible November 28 and after. Pharmacies will be able to use the POS to verify eligibility as usual.

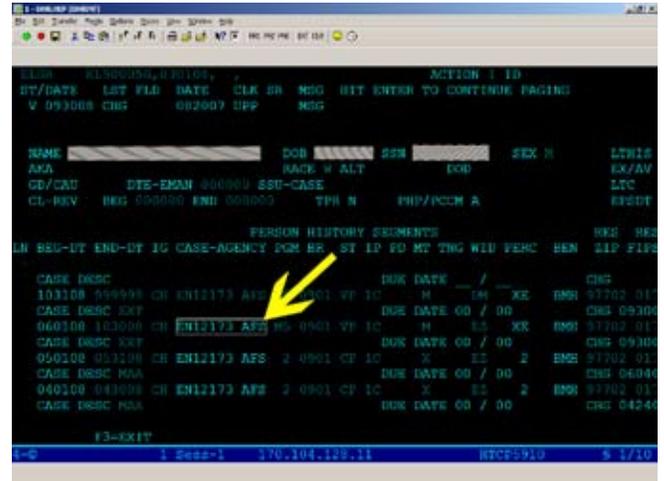
Pharmacy Benefit Manager Conversion PSU & CSU Call Center Cheat Sheet for December 1 - 8

You receive a call from a pharmacy or OHP client. An OHP client is appearing as “not eligible” in the POS system.

Print out an MID1 and fax it to the pharmacy.

1. Use the client’s prime number to bring up an ELGR* screen.
 - The client’s case number will be located under “CASE-AGENCY.” See the screen shot.
 - Make note of the case number.
2. Clear the screen, type in MID1*, and hit enter.
3. Type the entire case number and hit enter. The client’s eligibility information will appear.
4. Hit F6 to print the Temporary Medical Care Identification form (WMMID1C-A).
 - For Provider Services – the form will print at IP194, across from Yellow 35 and next to Yellow 9b
 - For Client Services – the form will print at IP181, across from Green 46 and next to Green 43b
5. Sign and date the form.
6. Fax the form to the pharmacy.
7. Instruct the pharmacy to:
 - Keep the fax as proof of eligibility for guarantee of payment.
 - Fill up to a 30-day supply or the full Schedule II prescription.
 - Hold the claim and bill on December 9.

*The ELGR and MID1 screens will still work during the conversion; however, they will be “read only.”



NOTES

Technical Questions

If a pharmacy has a technical question, refer the pharmacy to the appropriate PBM call center.

Through Dec.5 First Health
800-344-9180

Dec. 6 and after EDS
888-202-2126

CAWEM clients

The guarantee of payment does NOT apply to clients who are *only* eligible for the CAWEM benefit package. CAWEM does not cover prescriptions.

Medicare Part D questions

Remember to send pharmacy-related Medicare Part D questions (for both OHP and QMB clients) to the MMA Hotline at 800-585-0007. DMAP Pharmacy Services will NOT be able to help these clients.