

Division of Medical Assistance Programs

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Division of Medical Assistance Programs

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Authorized Signature

Issue Date: 11/24/2008

Topic: Medical Benefits

Subject: Nov. 28 to Dec. 8 – New clients need to bring their Medical Care ID to the pharmacy in order to avoid possible delays or denial of service

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:

The Oregon Health Plan is changing vendors for its pharmacy benefit manager (the computer system for processing fee-for-service pharmacy claims). During the conversion, November 28 to December 8, pharmacies will not receive any updated eligibility information. This means clients determined eligible after November 28 will be reported as “not eligible” in the pharmacy point-of-sale (POS) system.

November 28 through December 8

Without POS to verify eligibility for new clients, pharmacies will have to use a different process that may be unfamiliar to them. The best way to avoid possible complications is to **remind new clients to bring their Medical Care ID to the pharmacy during the conversion.** Clients’ Medical Care ID can be any of the following:

- December Medical Care ID (DMAP 1417 – old style, letter-sized, issued through Dec. 5)
- Temporary Medical Care ID (DMAP 1086)
- MID1

Existing clients, those found eligible *before* November 28, are not expected to experience problems filling prescriptions, because pharmacies will still be able to use the POS to verify their eligibility; however, to ease pressure on pharmacies, clients should be encouraged to get their refills before or after the conversion if possible.

An emergency rule has been put into place to guarantee payment for pharmacies that fill prescriptions for clients who are not in the point-of-sale system during the conversion. **A client’s Medical Care ID can be used for the guarantee of payment.** For more information, please read the attached provider notice regarding the guarantee of payment.

If you have any questions about this information, contact:

Contact(s):	Ralph Magrish, Pharmacy Program Manager
E-mail:	DMAP.Rxquestions@state.or.us

Important Information

Pharmacy Benefit Manager Conversion

Attention Pharmacies - Please read carefully.

This notice details upcoming changes affecting:

- How to process claims during the pharmacy benefit manager conversion.
- How to verify eligibility for OHP clients.
- The BIN and Processing Control Numbers pharmacies use to process OHP claims.

As part of the new MMIS, Electronic Data Systems (EDS) will take over for First Health as the pharmacy benefit manager (PBM), or claims processor, for the Oregon Health Plan (OHP) on Saturday, December 6.

PBM conversion: Nov. 28 - Dec. 8

From November 28 to December 8, new OHP clients will appear as “not eligible,” because the pharmacy point of sale (POS) system will not be updated during the PBM conversion. This will only affect an estimated 15 clients per day for the entire state. New clients will be added to the POS system on December 9.

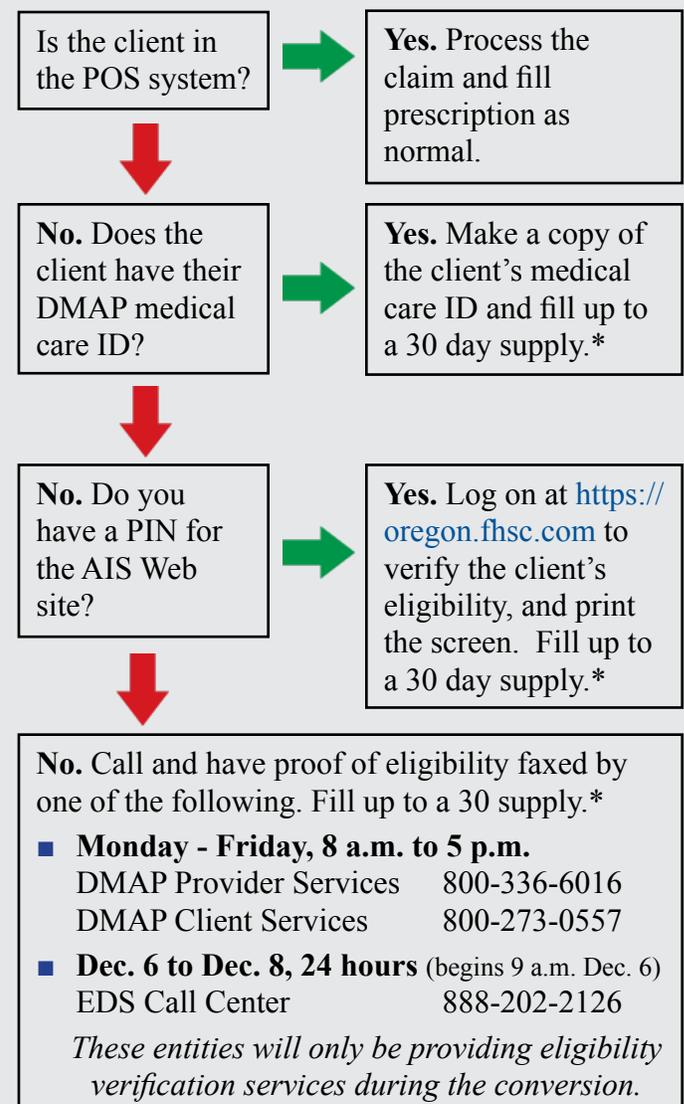
Verifying eligibility for guarantee of payment during conversion

If pharmacies can verify and provide proof of the new client’s eligibility, DMAP will guarantee payment for pharmacies to fill up to a 30-day supply, or the full Schedule II prescription, for new clients who are not in the POS system from November 28 to December 8. Pharmacies can use one of the following methods to verify eligibility:

- DMAP Medical Care ID
- First Health’s AIS Web site:
<https://oregon.fhsc.com>
- Faxed proof of eligibility (see flow chart)

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

Processing claims during the PBM conversion: Nov. 28 - Dec. 8



*Or the full Schedule II prescription. Remember to keep proof of eligibility for guarantee of payment. **Hold the claim and bill on December 9.** For technical issues, call the First Health Help Desk at 800-344-9180 until 9 p.m. on December 5.

After Hours Verification: AIS Web site

Until the EDS call center comes online December 6, the AIS Web site will be the only way to verify eligibility after hours if a new client does not have their DMAP medical care ID. The site includes the client's ID number and date of birth, the date of service and the dates eligibility begins and ends.

Sign up today! Pharmacies have to sign up in advance to get a PIN number, and **the last day to request a PIN is November 14**. To register, visit the First Health Web site at <https://oregon.fhsc.com>. It takes three to four days to receive your PIN number through the mail.

Resolve problem claims now

Any outstanding claims in the current PBM system need to be resolved before the new system is installed. To avoid complications and further delays in payment, submit all outstanding claims now. Claims more than one year old must be sent to DMAP Provider Services. Be sure to include the following:

- Timely filing claim
- Letter explaining the problem
- Paper Remittance Advice (RA) or Pharmacy Billing Ledger

Send to:

Oregon Department Of Human Services
DMAP Provider Services
500 Summer St. NE, E44
Salem, OR 97301-1079

Last free MMIS pharmacy training

Tuesday, December 2, 6 to 9 p.m.
Legacy Meridian Park Hospital, Tualatin

The Oregon Board of Pharmacy has approved this training for four hours of continuing education credit for pharmacists and technicians licensed in the State of Oregon.

Register online at <https://dhslearn.hr.state.or.us>. Search for course # C00688.

New BIN and processor control numbers

Starting December 6, pharmacies will need to enter these new identification numbers for OHP fee-for-service claims.

- **ANSI BIN #:** **014203**
- **Processor Control #:** **ORDHSFFS**

These numbers will connect to the new EDS PBM. Pharmacies will no longer need a group name.

NPIs will be required

Starting December 6, the prescriber field will require a prescriber National Provider Identifier (NPI). Pharmacy NPIs* and default provider numbers, such as 999999, will no longer be accepted.

Pharmacies can look up NPIs at the following Web site:

<https://nppes.cms.hhs.gov>

*Pharmacy NPIs will still be accepted when dispensing vaccinations and other instances specified by DMAP.

Early refills

In order to ease the workload of pharmacies during the PBM conversion, early refill edits will be suspended from November 14 through December 8. Please help existing customers avoid inconveniences by encouraging early refills before the conversion.

Questions?

- If you have any questions about this notice, please call the Provider Services Unit at 800-336-6016, Monday through Friday, 8 a.m. to 5 p.m.
- Pharmacy related questions can also be e-mailed to DMAP.Rxquestions@state.or.us.



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