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DMAP Policy and Planning Section

**Authorized Signature**

**Number:** DMAP- IM-10-077

**Issue Date:** 06/17/2010

**Topic:** Medical Benefits

**Subject:** Pharmacy alert: Point of sale claims for Medicare-Medicaid clients

**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:**

DMAP will post the following announcement on the [OHP Provider Announcements](#) and [Pharmacy Program Announcements](#) Web pages. DMAP will also send messages via eSubscribe, the Provider Web Portal and a banner message on outgoing paper remittance advances to pharmacy providers.

In some cases, DHS is currently unable to correct eligibility information for BMM and BMD clients to resolve EOB 1124 (“Unable to prioritize recipient’s programs”). DHS expects this issue to be resolved on Monday, June 21.

In the meantime, pharmacies should report issues to the Oregon Pharmacy Call Center, and fill prescriptions for these clients (once they have verified their BMM or BMD benefit eligibility). DMAP only covers certain drugs for these clients (see the announcement for more information).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	DMAP Pharmacy Program
<b>Phone</b>	503-947-1195
<b>E-mail:</b>	<a href="mailto:dmap.rxquestions@state.or.us">dmap.rxquestions@state.or.us</a>

# Pharmacy point of sale alert

## Resolving EOB 1124 for OHP with Limited Drug clients

When billing point of sale for DMAP-covered drugs to OHP with Limited Drug clients (benefit plan BMD or BMM), the system responds with EOB 1124 ("Cannot prioritize recipient's programs").

In some cases, DHS is currently unable to update eligibility records for these clients to resolve this error.

If you see this error when billing DMAP for drugs not covered by Medicare Part D for these clients:

- Verify that the client is an OHP with Limited Drug client (benefit package BMD or BMM). Use the Provider Web Portal at <https://www.or-medicaid.gov> or Automated Voice Response at 866-692-3864.
- Report the error to the Oregon Pharmacy Call Center at 888-202-2126.
- Continue filling prescriptions for these clients, once you have verified they have current OHP with Limited Drug (BMD or BMM) eligibility.

Starting Monday, June 21, DHS will be able to update eligibility records for affected BMM and BMD clients so that you can resume using the usual process for resolving EOB 1124 errors for all OHP clients:

- Report this error to the Oregon Pharmacy Call Center at 888-202-2126. Ask the client to contact their DHS caseworker.
- Once DHS updates the client records that caused the error, rebill. The claims will then process appropriately.

We regret any inconvenience this may cause, and appreciate your patience as we continue to make system improvements.

Thank you for your continued support of the Oregon Health Plan.

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### Questions?

Call the Oregon Pharmacy Call Center at 888-202-2126 (available 24 hours a day, 7 days a week).

#### Fee-for-Service drug coverage for OHP with Limited Drug (BMD or BMM) clients

- Selected agents used for symptomatic relief of cough/cold
- Selected vitamins and minerals
- Selected OTC drugs
- Barbiturates
- Benzodiazepines with quantity limit of 15 tablets/capsules per rolling 30 day period.

