

#### Attention Pharmacies - Please read carefully.

On December 6, the Oregon Health Plan (OHP), also known as Oregon Medicaid (ORMED), is changing to a new pharmacy benefit manager (PBM) for processing point-of-sale claims. Pharmacies will need to enter these new identification numbers for OHP fee-for-service claims. Pharmacies will no longer need a group name. Claims sent to previous BIN will be denied.

#### December 6 — OHP FFS Claims

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

#### Conduct VAN testing now

Please prepare for this change by contacting your software company and VAN (a.k.a. “switch”) to ensure your systems have been configured for this change. The *NCPDP Pharmacy Payer Sheet* specifications are available online at <http://www.oregon.gov/DHS/edi/docs/ncpdp-ffs.pdf>.

#### Billing changes

Find the new billing instructions in the *NCPDP Pharmacy Payer Sheet* or the *Pharmacy Provider Manual* online at <http://www.dhs.state.or.us/policy/healthplan/guides/pharmacy/rxmanual1208.pdf>. Major billing changes going into effect on Saturday, December 6, include:

- Patient information comes from the Insurance Segment, not the Patient Segment.
- Only Prescriber National Provider Identifiers (NPI) are accepted in the NCPDP field 411-DB. You can look up NPIs online at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome>.
- Submission Clarification Codes (NCPDP field 420-DK) can be used to override some common ProDUR edits (NCPDP Error – 88), including ER, PG Severity Level 1, ID and TD.
- OHP is always the payer of last resort; see coordination of benefit (COB) instructions.
- Compound Claims require 02 in NCPDP field 406-D6, 00 in 436-E1 and 0 or 0000000000 in field 407-D7. To accept partial payment and dispense a non-covered product as part of the compound, enter 08 in field 420-DK.
- To receive the long term care dispensing fee, enter 04 for the patient location code in NCPDP field 307-C7.
- To receive the 340b dispensing fee, enter 09 for the basis of cost code in NCPDP field 423-DN.
- Immunization Fees are linked to the dispensing of specific NDCs; no additional data entry is required.
- The new time limit for reversing claims through point-of-sale is the days supply plus 30 days. For example, prescriptions for 30 days supply can be reversed through point-of-sale up to 60 days from the date of service. After the time limit has expired, adjustments require an Individual Adjustment Request form (DMAP 1036). The form is online at <http://dhsforms.hr.state.or.us/Forms/Served/OE1036.pdf>. Helpful tips are available at [http://www.oregon.gov/DHS/healthplan/tools\\_prov/tips/dmap1036inst-0407.pdf](http://www.oregon.gov/DHS/healthplan/tools_prov/tips/dmap1036inst-0407.pdf). For assistance, contact Provider Services at 800-336-6016.

