OHP home-delivery prescriptions

Do you know that fee-for-service (FFS) Oregon Health Plan (OHP) clients (*i.e.*, those not enrolled in managed care) can have their prescription drugs delivered free to their home address? The department contracts with Wellpartner home-delivery pharmacy to offer this service.

Why is this a good deal?

- **No copayments**. OHP FFS clients pay nothing for Wellpartner home-delivered prescriptions.
- **3-month supply**. Clients may order a three-month supply of medicine by mail. In a local pharmacy, they are limited to a one-month supply for most drugs.
- **FREE home delivery**. There are no shipping fees. Clients don't have to leave home to buy prescription refills. Wellpartner will mail the medicine to their home or clinic within 8-10 days.

Who benefits from this service?

OHP clients who take the same prescription drugs month after month for ongoing health conditions will benefit the most from home-delivery services.

Home delivery isn't for everyone. Clients may prefer to talk to a pharmacist in person about new medications. If they need the medicine right away, they should visit a local pharmacy. It takes up to 10 days for prescriptions to be delivered by mail.

If his doctor is prescribing several drugs in order to find an effective treatment, the client should wait until they find the long-term choice before signing up for home delivery.

Mental health drug exceptions

Clients can order certain mental health drugs for home-delivery if they take the same medications month after month. Some clients in managed care take mental health drugs that are not provided by the managed care plan. These clients can use home delivery, but **only** for the mental health drugs that the plan does **not** provide.

To begin services

To begin home-delivery prescription services, either the prescribing provider or the client can choose one of three ways to enroll:

- Call a toll-free number, (1-877) 935-5797. Customer service representatives are available Monday through Friday from 8 a.m. to 5 p.m.
- Mail new prescriptions to Wellpartner. Fill out the order form (sample on reverse side) and mail it with the prescription to:

  Wellpartner Inc.
  PO Box 5909
  Portland, OR 97228-5909

- Fax the prescription and order form to Wellpartner's toll-free fax line, (1-866) 624-5797.

More information:
<http://www.oregon.gov/DHS/healthplan/clients/mailrx.shtml>

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

☐ ☐ ☐ ☐

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

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